

Navigating through motherhood:

Case study of young single mother's resilience during pregnancy and
motherhood in Arusha Region, Tanzania

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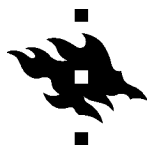
University of Helsinki

Faculty of Social Sciences

Development Studies

Master's thesis

May 2019



Tiedekunta/Osasto Fakultet/Sektion – Faculty		Laitos/Institution– Department	
Faculty of Social Sciences		Department of Political and Economic Studies	
Tekijä/Författare – Author			
Anne-Mari Kristiina Ikonen			
Työn nimi / Arbetets titel – Title			
Navigating through motherhood: Case study of young single mother's resilience during pregnancy and motherhood in Arusha Region, Tanzania			
Oppiaine /Läroämne – Subject			
Development Studies			
Työn laji/Arbetets art – Level		Aika/Datum – Month and year	Sivumäärä/ Sidoantal – Number of pages
Master's Thesis		May, 2019	102
Tiivistelmä/Referat – Abstract			
<p>This study assesses the key factors affecting the resilience of young single mothers in Arusha region, Tanzania. The average age of childbearing in Tanzania remains low. Many socioeconomic difficulties such as poverty, lack of education and sexual- and reproductive services have an impact why many Tanzanian girls give birth during adolescence. Young single mothers often face many challenges in coping with pregnancy and motherhood due to the discrimination they face.</p> <p>This research is based on 22 semi-structured interviews that were conducted with young single mothers, who had given birth between 15 and 20 years old in Arusha region, Tanzania. The data was collected during one month visit to Meru at the end of 2017. The interviews were conducted in two locations. Half of the interviews were conducted in the villages of south-east of Meru and half in two women's shelters in Arusha town. The interviews were supported by participant observation and informal conversations. The data was transcribed and analysed through qualitative content analysis.</p> <p>This study focuses on assessing the main factors that affect the resilience of young mothers during pregnancy and motherhood. Resilience is assessed through reproductive resilience framework. The meaning of resources (capitals) in the lives of single mothers was also assessed. Moreover, the social discourses regarding gender, sexuality and motherhood were examined in order to gain understanding of how they impact the experience of young single mothers.</p> <p>The findings show that social support operates as a protective factor in building resilience for the young single mothers. However, the findings show that young single mothers struggle to receive support during pregnancy. This is mainly because the negative social discourses regarding girl's sexuality and pregnancy outside wedlock in Tanzania. The results show that young mothers face strong discrimination during pregnancy, both from their families, friends and community, which operated as a constraining factor for resilience. The discrimination had profound impact on the resilience of the young mothers during pregnancy, as it often disrupted family relations and sometimes led to separation of the girl from her family. The shame of unmarried pregnancy diminished the support networks the young mothers had.</p> <p>Furthermore, the findings show that young mothers are able to receive more support during motherhood from their families and communities. Young mothers would no longer receive discrimination or verbal abuse in their communities. The findings show that the role of motherhood in the community is highly respect and therefore the young mothers were accepted in the community as any mothers. Motherhood itself operated as both protective and constraining factor for resilience. Becoming mother decreased the shame of unmarried pregnancy and raised the young mothers in highly valued positions of mothers in their societies. Some young mothers had managed to renegotiate their place in the family after the pregnancy experience and were again accepted in their families. Regardless of the financial challenges that young motherhood brought to the informants the mothers who had managed to keep their social support relations were showing positive adjustment to motherhood. Most young mothers embraced their roles as mothers, because it brought them value and made them acceptable members in their communities after the negative pregnancy experiences.</p>			
Avainsanat – Nyckelord – Keywords			
Tanzania, single mothers, adolescent motherhood, resilience, pregnancy, social support, social discourses			

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Acknowledgements

I would like to thank everyone who has supported me during my studies and writing this Master's Thesis. I especially want to thank my mother Sirpa for her continuous encouragement through my studies. Special thanks belong also my friends in Meru, Tanzania who made the field research possible, namely to PrayGod and Gladness. Both devoted their time to guide me around Mt. Meru and interpreted my interviews from Kiswahili to English. Thank you also to the staff of The Small Things, who kindly helped me with all the practical arrangements of my stay in Meru and to the two women's shelters in Arusha that welcomed me with an open heart. Moreover, I would like to thank all the young mothers who found time to answer my questions. Without them this research would not have been possible. I have learned so much because of their willingness to share their stories with me. Furthermore, a special thank you also belongs to my thesis supervisor Minna Hakkarainen who guided me through this process of writing and Lauri Siitonen who guided me during my fieldwork period. Last but not least, I want to send my thank you to my friend Clayton Sullivan who devoted his time to correct the language of this thesis.

Anonymity

In order to protect the anonymity of the informants all the names of the participants of this study have been changed. I have selected common Tanzanian women's names that I use to refer to the informants. Moreover, to maintain the anonymity I will not give out exact locations of the villages or the women's shelters where the interviews were conducted.

Abbreviations

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRH	Center for Reproductive Health
ELCT	Evangelical Lutheran Church of Tanzania
LIC	Low Income Country
MIC	Middle Income Country
NGO	Non-Governmental Organization
OECD	Organization for Economic Co-operation and Development
SRH	Sexual- and Reproductive Health
TDHS	Tanzania Demographic Health Survey
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children´s Fund
WHO	World Health Organization

1. Introduction

It is estimated that globally around 16 million young women (15-19 years old) become mothers every year (WHO, 2018). Majority of these women live in low (LIC) - and middle income (MIC) countries in the Global South. In Tanzania many women become mothers at a very young age and being a single mother is not uncommon. Girls living in communities affected by poverty, lack of employment opportunities, and education are most likely to become mothers at a young age. The pregnancies of young girls and women are often unplanned due to the constraints that young women face in both accessing and using sexual- and reproductive health services (WHO, 2018). In general, social- and developmental discourses show that girls and young women bearing children are portrayed to be at risk in multiple levels regarding their social, economic and educational status (Tanner, 2013). Therefore, young mothers together with their children are considered to be in significant risk of poverty and marginalization in Tanzania (CRH, 2013).

Furthermore, social and cultural traditions and norms define the gender roles and acceptable behavior of girls and young women in Tanzania (Maluli & Bali, 2014). Childbearing outside wedlock, especially at a young age brakes these acceptable societal norms (Ringsted, 2004). Therefore, by acting against these gender expectations and norms young single mothers in Tanzania frequently face exclusion from their families, their friends and their communities, which has a significant effect on how they are able manage with pregnancy and motherhood (Ahorlu et al, 2015). Young mothers are often dependent on their support networks and single mothers especially are dependent on other people for supporting them both economically and emotionally (Nor Jana, 2013). However, despite having heightened need of support young mothers often struggle to maintain their existing support networks and receive the necessary support to manage with their changed livelihood situations, because of the exclusion that they face from their families and communities.

This research will analyze how different actors such as family, friends.- and community influence young single mother's ability to build resilience in order to manage with pregnancy and motherhood in Arusha region, Tanzania. Furthermore, this research examines how the social discourses regarding gender and sexuality impact the experiences of the young single mothers. I interpret the structural- and discursive conditions of the everyday lives of young mothers in an attempt to gain better understanding of the conditions in which these women live. This is done by

using the reproductive resilience framework (Ahorlu et al, 2015). This framework helps to analyze the factors that influence the competence of young mothers to cope and adapt to pregnancy and motherhood. There are many protective and constraining factors in the lives of single mothers that impact these resilience processes. I argue that these young women use several ways in their lives to utilize the limited resources they have and build resilience against their challenging livelihood situation.

1.1 Overview on adolescent childbearing in Tanzania

The average age of childbearing in Tanzania remains low. It is estimated that over half (56%) of all first births in Tanzania happen before the woman reaches the age of 20¹ (McClearly-Sills et al, 2013). Tanzanian adolescent (15-19 years) pregnancy rates are high even in comparison to other Sub-Saharan African countries. United Nations Population Fund (UNFPA) (2018) estimates that out of 54 African countries Tanzania has the 17th highest rates of adolescent fertility rate. Moreover, Tanzanian Demographic Health Survey (2016) states that the adolescent pregnancy rates have increased from 23% to 27% from the previous Health Survey of 2010. In 2016, one in four adolescent girls aged 15-19 had begun childbearing in Tanzania (TDHS, 2010 & 2016).

Furthermore, there are great differences among adolescent pregnancy rates within regions in the mainland part of Tanzania. Childbearing at 15-19 years of age is common in the Western Tanzanian regions such as Tabora (43%²), Katavi (45%) and Mara (37%). The South West highlands also have high adolescent pregnancy rates such as Dodoma (39%) and Morogoro (39%). The lowest rates of adolescent pregnancy can be found at Kilimanjaro region (6%) and Dar es Salaam region (12%). In Arusha region, where this study was conducted around 15% of 15-19-year-old girls have given birth or are currently pregnant (TDHS 2016.) The differences are mostly related to poverty. Girls in rural areas are much more likely to become pregnant young compared to urban girls (UNFPA, 2018). Moreover, in the rural regions such as Tabora and Mara the child marriage rates are much higher than in urban regions, such as Dar es Salaam. In the areas where child marriages are prevalent adolescent pregnancies are also most common (Girls not bribes, 2019). It is estimated that around 30 % of girls marry under 18-years old in Tanzania (UNICEF,

¹ In 2016 Tanzania adolescent fertility rate (births per 1000 of women aged 15-19) was estimated to be around 117. In comparison adolescent fertility rate was estimated to be around 10, 5 in European Union (World Bank, 2019.)

² Percentage of 15-19-year-old girls who have started childbearing

2016). Until 2016, The Law of Marriage Act of Tanzania (1971) stated that the minimum age for a girl to marry is 15 and for boys it is 18. With special permission from parents' girls could marry as young as 14-years old (OECD, 2019). The Law of Marriage Act contravened with the international conventions such as Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which Tanzania has ratified. Therefore, in 2016 the Tanzanian high court ruled that the section about child marriage in the Law was unconstitutional. This ruling made it clear that children could not marry underage. Despite, the decision many communities still practice customary and religious laws that accept child marriage. Child marriages are driven partly by the fact that pre-marital sex is considered a taboo, which would decrease the bride's wealth what the girl's family receives from marriage. Therefore, it is seen better to marry the girl young, so that she won't have any sexual relations prior to marriage. Moreover, poverty is what drives child marriages in Tanzania. Many girls are married off to release the economic burden of the family (Jouhki & Stark, 2017.) Furthermore, in 2016 as an attempt to prevent child marriages the government of Tanzania signed a law to forbid marriages with school children. The penalty of a marriage with a school child is 30 years of prison, which is the same as the sentence of impregnating a school girl³ (UN WOMEN, 2016). However, this law only applies to children who are officially registered in school and therefore leaves the children outside of school unprotected (OECD, 2019.)

There is clear correlation between education and adolescent pregnancy in Tanzania. Girls with secondary or higher education are less likely to get pregnant, than girls with no education. UNFPA (2018) estimates that girls with no education are five times more likely to become pregnant at a younger age, than girls with secondary or higher education. Poverty works both as a reason and a consequence of adolescent pregnancy. Girls from poor families are much more likely to start childbearing at a younger age, than girls from wealthier families. Transactional sex is a common way for poor girls to access necessary recourses to meet their basic needs in Tanzania and it significantly increases the chance of pregnancy (UNFPA, 2018.)

³ The Education Act (CAP.353) states in section 60A that *"It shall be unlawful under any circumstance for any person to marry a primary or secondary school girl or a school boy. Any person who contravenes any provision of subsection commits an offence and shall, on conviction, be liable to imprisonment for a term of thirty years. Any person who impregnates a primary school or a secondary school girl commits an offence and shall, on conviction, be liable to imprisonment for a term of thirty years."* (UNWOMEN database, 2016).

Furthermore, the gender inequality and social norms of Tanzania increase adolescent pregnancies. Girls in Tanzania face a large amount of social- and structural inequalities that limit their sexual decision-making (McClearly-Sills et. al, 2013). Young people in Tanzania have difficulty accessing sexual- and reproductive health information and services (SRH) which prevent unwanted pregnancies. Modern contraceptive use among young people is low and it decreases among people with low education and economic status (UNICEF 2011). Specifically, young women face difficulty in reaching SRH services and they can be denied of receiving care, because of age and marital status. Sexually active girls are judged as immoral, which significantly influences the women's willingness to seek SRH services such as contraception (Maluli & Bali, 2014). Moreover, young people may hesitate to visit health clinics, because of lack of respect and privacy in the health services. The judgmental attitude of health professionals affects the willingness of girls to seek SRH care in Tanzania (USAID, 2016). Unequal power relations between men and women affect a girl's ability to negotiate with whom and when they have sex (McClearly-Sills et al, 2013). For these reasons stated, girls are also prone to sexually transmitted diseases (STDs) which have significant impact on the lives of Tanzanian youth (Mbelwa & Isangula 2012). Moreover, multiple partners, sugar daddy phenomena (transactional sex) and sexual violence place adolescent girls in high risk of unplanned pregnancy (McClearly-Sills et. al, 2013).

Tanzanian government has taken a strict attitude towards pregnant girls, which increase the barriers that pregnant girls face. The expulsion of pregnant girls from school is a common phenomenon around mainland Tanzania, which is a practice that has continued for many decades (CRH, 2013). Moreover, adolescent mothers are often forbidden to re-enter government school after pregnancy (Maluli & Bali, 2014). The few options that remain for expelled young mothers have been either private schools or vocational training centers. These options are out of reach for many girls, because of the school fees. In many regions schools have started to do mandatory pregnancy testing for the female students to determine who is pregnant. Girls who are proved to be pregnant are often immediately expelled from school and their parents are notified of their daughter's pregnancy. Once pregnancy is made public a girl has little or no chance to do an abortion or return to that same school again. There is a wide believe in schools that the expulsions are justified as the girl has behaved in immoral way by being sexually active. Therefore, allowing pregnant girls to stay at school would bring bad reputation to the school (CRH, 2013.) President

John Magufuli, who entered the office in 2015, has publicly spoken against the education of young mothers and pregnant girls. In June 2017 President Magufuli arranged a speech on television to announce that pregnant girls nor mothering students are no longer accepted in government schools during his administration. In his speech the president announced: “*We cannot allow this immoral behavior to permeate our primary and secondary schools*”. Also, the President criticized the non-governmental organizations who are assisting teenage mothers and mentioned that the government won’t help the pregnant students. These announcements made some of the development funding from the World Bank to be withdrawn from Tanzania (BBC & Guardian, 2017.) The statements of the Tanzanian government go against the constitution of Tanzania as well as the Law of Education (1995) and Law of The Child Act (2009). These two laws state that every child has a right to education and all kind of discrimination based on gender, age and socioeconomic status is forbidden. The Law of the Child Act (2009) states that it is forbidden to refuse enrollment of a child to school. Despite these laws, childbearing in adolescence often shuts the girl out of formal education and is therefore seen as one of the constrains in the achievement of the United Nation’s Agenda 2030 for Sustainable Development.

1.2 Research objectives and purpose of the research

The main objective of this research is to examine factors that affect the resilience of young single mothers in two places in the Arusha region, in Meru, and in two women’s shelter homes in Arusha town. The aim is to get in-depth understanding how young single mothers cope with their changed livelihood situations as well as how they manage their relationships with their family, friends and community during pregnancy and first years of motherhood. This is done by using the reproductive resilience theory (Ahorlu, Pfeirrer & Obrist, 2010), which helps to assess the protective- and constraining factors of resilience of single mothers. According to this framework, resilience refers to positive adaptation to a threat. In this study I consider pregnancy and motherhood as a possible threat from socioeconomic perspective, where young mothers are seen to be at high risk of poverty and marginalization (CRH, 2013). The aim is to analyze how the resources (social-, economic-, and cultural capital) that young mothers have influence their competence to manage. Moreover, I will examine how the social discourses of sexuality, gender, and motherhood affect the resilience processes. The resilience theory is used to give insight how young mothers build resilience despite the hardships that they face. This will provide

understanding of what kind of support young single mothers are most in need of and what can be further used when planning programs that involve single mothers.

My main research question is:

Which are the key factors that affect the resilience of young single mothers during pregnancy and motherhood?

Further this research question is supported by partial, more specific questions that are following:

How does young mothers experience the importance of social support in building resilience?

How does the social discourses of gender, sexuality, and motherhood influence young mother's adaptation to pregnancy and motherhood?

In this study, I have decided to focus on young single mothers, because of the wellbeing of youth in a country like Tanzania where the amount of young people is huge and vastly growing in the coming years has great importance for sustainable development. Moreover, because of discrimination and limited economic opportunities, young single mothers are at a very high risk of poverty and marginalization in their society. Furthermore, both adolescent childbearing and -motherhood are connected to various development themes such as gender equality, sexual- and reproductive health, and girl's right to education. All these reasons make it an interesting research topic.

Choosing Arusha Region, as the place for my fieldwork study was a logical step for me, since I have visited the area four times. In total, I have spent about one year living in Meru. It was relatively easy for me to locate informants through my existing contacts there, who were able to assist me before and during my fieldwork. Several non-governmental organizations in the area also assisted me during my fieldwork by sharing their information, ideas, and possible informants that could be useful for my research. Since, I had a previous knowledge of the geographic- and social structure of Arusha area and more specifically of Meru, it was easy to merge back into the familiar setting without needing much time to acclimate to the place. During my previous visits I had discovered the difficult life situations of young mothers and their children, as well as several maternal health issues in Meru, what is what motivated me to conduct this research.

My interest in this topic grew even more when I wrote my Bachelor Thesis about the maternal health issues in Tanzania. My previous Kiswahili studies in the University of Helsinki were proven to be useful, as the knowledge of the local customs and language helped me to establish confidence with my informants as well as observe my surroundings. The choice of research topic changed during the process, as I was originally planning to study the educational policies regarding pregnant- and mothering students in Tanzania. This topic turned out to be too hard to execute because of language and access barriers, and therefore I decided to focus on young single mothers and their resilience.

This study of the resilience of young single mothers contribute to existing literature of young single motherhood and childbearing in developing country context and the special support that young mothers require. Concentrating on the young mothers' own experiences provides an opportunity to get deeper insight into what kind of issues the mothers themselves find significant in coping with single motherhood. Moreover, I am interested to see what kind of social challenges young mothers face in their communities, and how those affect their experiences, and furthermore how the young mothers themselves challenge or reproduce these discourses. There is significant amount of research done on adolescent pregnancy and -motherhood in the Global North. Adolescent pregnancy and - motherhood is especially largely researched from health, identity and development perspective (Rosado 2016, Hertfelt Wahn 2007, Ngum Chi Watts et al, 2015, DeVito 2010, Dillon & Cherry 2014). Moreover, research of adolescent pregnancy and motherhood in East Africa has been done (Atuyambe et al, 2008, Kaye 2008, Maluli & Bali 2014, Ringsted 2004). Furthermore, the resilience of adolescent mothers have been studied in the Global North (Collins, 2010), but the resilience research among adolescent mothers in Tanzania, and Africa is not extensive. Both Ahorlu (et al, 2015) and Gyan (2016) have studied the resilience of adolescent mothers in Ghana. Moreover, Obrist (et.al, 2010) has studied resilience in Tanzania mainly from a livelihood perspective. To get insight on which factors affect the resilience of young single mothers in Arusha Region, can help to understand young mothers as actors who employ both practical- and discursive strategies to build resilience despite the challenges they face.

1.3 Structure of the thesis

This thesis is divided into six main chapters. The first part, the introduction provides a short overview to the topic of the thesis. Specifically, the research questions and the motivation that lead to the choosing of this topic are elaborated in this chapter. The last section of this chapter provides an introduction to the current situation of adolescent childbearing in Tanzania and the main issues related to that.

Chapter two is devoted for reviewing previous research literature of the topic. First, the previous literature of adolescent pregnancy and single motherhood in Tanzania is reviewed to give better insight to the research topic. Second, previous literature of social support of adolescent mothers is explained. Last, a short review of the sociodemographic- and historical context of Meru and Arusha is explained in order to elaborate the cultural context of the study area. This will include describing the changes in Tanzanian family structure and social norms regarding sexuality.

Chapter three is dedicated to describing the relevant theoretical concepts to the research topic. First, the concept of social- and reproductive resilience is elaborated, as it will operate as the main background theory of this study. Furthermore, the concepts of social-, economic-, and cultural capital are explained as they are central to the resilience processes of young mothers. In addition, this chapter elaborates the gender norms, especially in regards to sexuality in African context. This is done in order to get better insight how the social discourses, regarding gender and sexuality affect the resilience processes of young mothers in the Arusha region. Last, motherhood as a social- and cultural construction is elaborated. This is given in order to give insight on the conceptualization of motherhood in African context.

Chapter four describes the methodology used in this study. First the chapter will analyze the qualitative research in general, then the main methods used during the fieldwork are elaborated. Furthermore, the fieldwork period is described in detail and the ethical considerations and limitations of the study are explained. At last the data analysis process of this thesis is described.

Chapter five will be completely devoted to data analysis. Collected data is analyzed in three main sections based on the key findings. The first section focuses on examining the resources (capitals) that the young mothers of this study have on their disposal. Specifically, the focus is on social capital and the social support networks of the informants in both study locations. They are described in detail to understand the meaning of social support on the resilience of single mothers.

In the second part, the impacts of social discourses of sexuality and -gender are analyzed from a community and a health perspective. Both perspectives are to see how these discourses influence the resilience of the informants. Furthermore, the last part of this chapter focuses on resilience during motherhood. It will elaborate on which kind of meanings the informants give on motherhood, and how the motherhood norms affect their experiences.

Lastly, chapter six the concluding chapter where final remarks on the topic are provided and the main findings of this study are summarized.

2. Background

2.1 Earlier study on pregnancy and single motherhood

In western scientific literature, childbearing at a young age is often looked at from a risk perspective, where pregnancy is constructed as a problem (Dillon & Cherry, 2014, Windle, 2005, McDermott, 2005). This is because pregnancy at a young age is seen to expose girls to multilevel risks regarding their health, education, and socioeconomic status. Moreover, adolescent pregnancy is embedded in various moral- and political discourses that see it as a social threat and a problem (Tanner, 2013). According to Tanner (2013) the western general social discourses presents young women's childbearing as an issue that causes harm to the mothers, their children and society at large. Furthermore, in development perspective adolescent pregnancy is considered a risk for health, - and social and economic wellbeing of girls (UNFPA 2019, UNICEF 2011, WHO 2018). This is because adolescent pregnancy is proven to have more health risks for both the mother and child, in comparison to pregnancy in more mature age. The effects of adolescent pregnancy on social- and economic development of Tanzania are seen in a negative perspective because young mothers often have difficulty in getting education or employment (UNFPA, 2018). Ahorlu (et al, 2015) who has studied the resilience of adolescent mothers in Ghana, argues that pregnancy itself is not always a health risk in Sub-Saharan Africa, but the lack of social- and economic support to cope with pregnancy and motherhood can make early childbearing a significant risk.

Young mothers in Tanzania face many challenges in everyday life, as they frequently face exclusion related to childbirth outside wedlock (Ringsted, 2004). Several scholars from western countries such as Tanner (2013) and McDermott (2005) argue that unmarried women are defined as immoral both in public and private places. These findings are also shared by the scholars who have studied adolescent pregnancy in Tanzania, who say that young mothers are often stigmatized as sexually immoral women (Maluli & Bali, 2014, Haram, 1999, Ringsted, 2004). Haram (1999) who has studied the sexuality and kinship among Meru, argues that single mothers in Meru are stigmatized, because they have moved beyond acceptable lines of the norms of womanhood, motherhood, and gender roles (Haram, 1999). Pregnancy is a clear visual evidence that the girls have acted against the accepted norms of sexuality and therefore it can cause the losing of respect and damage to their personal as well as family's reputation (USAID, 2016). Ringsted (2004) who has studied kinship of pregnant girls in the Tanga region, says that pregnant girls in Tanzania are

treated as “unwanted” family members. Since the pregnancy brings shame to the family, pregnant girls are often hidden indoors or sent to live with relatives in another village. This is done because the families are scared of facing judgement from their communities. The parents can face accusations from their communities such as that they have not taken care of their daughter (Ringsted, 2004.) Moreover, Porter (2004) who has studied gender relations among Pare in Tanzania, argues that children born outside of wedlock are called “bad luck” children and their life options are influenced by the reputation of their mother.

According to Ringsted (2004) the pregnant girl’s family will often try to persuade the father of the child to marry their daughter, because marriage would remove the shame from the family. However, it is common that the man disappears or refuses to recognize the pregnancy. The fatherhood of the man can be proved only by DNA testing, which is quite difficult to be done in many places in Tanzania. Therefore, the man can simply deny that it is his child. Since the paternity is not proven, the woman cannot demand any child support from the man. The families often pressure the girls to name the man who impregnated them, so that they can demand the man to take responsibility. Sometimes, the school reports the pregnancies of their students to the police, which has led to detention and arrest of pregnant girls in order for the girl to give out the name of the man. There has been reported cases in Tanzania, where pregnant adolescents have been prosecuted and imprisoned, because they have not co-operated with the police by revealing the name of the man who impregnated them. Often, the girls are reluctant to reveal that information, because of shame or fear (CRH, 2013.) Ringsted (2004) states that girl’s families avoid taking these cases to court. Instead the families usually try to settle the issue without involving officials. However, if the woman legally demands financial support from the father of the child, then the father is allowed to have the custody of the child once the child is eleven years old per the Law of Marriage Act (1971). This prevent some women from seeking legal support from the father of their children in the fear of losing their child (Ringsted, 2004.)

Kelly (2007) states that young mothers' lives are profoundly affected by barriers limiting their opportunities to access contraception and deal with poverty, as well as the unequal power structures that are based on gender and age. Tanzanian society is based on kinship, and women who do not marry often face economic and social difficulties as they cannot rely on the support of the kin. In Tanzania, the kinship structure is that women are first daughters of their father and then

later wife of their husbands. Therefore, unmarried women normally don't have a right to continue living in their father's home when they got older (Haram, 1999.) Single motherhood is not an uncommon phenomenon in Tanzanian society. In many parts of Africa, single mother and female-headed households have become common (Evans et al, 2008.) According to Haram (1999), single mothers transgress some of the gender norms of society as they often try to maintain their own independence and refuses to be controlled by the societal norms of marriage and patriarchy. Furthermore, women's role in African societies are often defined through mothering of children (Therborn, 2006). In many African societies men or women who do not have a child are not considered to be an adult. Pfeifer (et al, 2017) argues that adolescence in Tanzania, cannot be looked from the western developmentalist framework, which sees adolescents as a separate stage of person's development. Compared to the west, in Tanzania motherhood and marital status shapes if adolescents are seen as adults, more than their age does (Pfeiffer et al, 2017). Femininity and womanhood in Tanzania are closely tied to motherhood and a woman is seen to become a woman when she bears children, which works as evidence of continued femininity (Larsen & Hollos, 2005.)

Mothers are highly valued in Tanzanian society. Society considers mothers as caretakers and main reproducers of culture and societal norms. Becoming a mother is seen as the most important notion for girls to become adults in society. It is the best way for women to be seen as responsible adults. When a woman gives birth even if it is outside wedlock, her fertility and womanhood is proven which in turn raises her respectability in society (Haram, 1999.) Haram (1999) argues that in Meru single mothers are valued as mothers even though they do not receive the same amount of respect as married mothers. Furthermore, children are highly valued and appreciated in Tanzanian culture. Therefore, both mother and father take the first name of their first-born child (etc. *Mama Glory/ Baba Glory*) that they then use to identify themselves in the community. When a girl (*msichana*) gives birth, it gives her a new identity as (*mama*) and therefore, she must use her child's name in the future. Motherhood brings respect in the society especially for those mothers who are able to provide the needs of her children (Haram, 1999).

2.1.1 Social support of pregnant girls and young single mothers

Ringsted (2004) argues that due to both urbanization, modernization and high mobility, the family structures of families in Tanzania are changing. This has resulted in the disintegration of social support networks. The changing family structures have created new ideas of family

relatedness, support, and responsibility, which in turn affects the support young mothers are getting (Ringsted, 2004). Young single mothers are universally seen to need a lot of social support in order to navigate with motherhood and to meet the demands on caring for their child. Social support relationships are considered very important for the young mother's ability to cope with motherhood as social support affect the self-perception of young mothers and work as a critical element in the positive adjustment into motherhood. Moreover, social support relations offer them social reinforcement, guidance and tangible assistance to help adapt and cope their new role as a parent (DeVito, 2010 & Mangeli et al, 2017.) Family forms a significant part of the survival strategy of single mothers. The single mothers often rely on kinship networks to fill their basic needs such as giving small sums of money and looking after children. Therefore, social support networks play an important role for single mothers to access resources and to help cope with everyday life (Lumino et al, 2016.)

When a single mother doesn't have family to support her, the degree of social isolation grows. This often leads to harder life conditions (Lumino et al, 2016). Young mothers are reported to experience high level of stress and loss of self-esteem, when not been able to access social support from family and their partner (Kaye, 2008). Specifically, the role of female relatives in giving emotional support is important (Taplin, 2009). The supportive role of the woman's own mother is seen important in the adaption to motherhood (Letourneau et al, 2004). Young mothers often define their own mother as the most consistent and dependable source of support (DeVito, 2010). Furthermore, young mothers who don't have dependable social networks such as parents, partner and peers are more likely to have negative self-perception towards motherhood. The self-perception of the young mother greatly affects what kind of parent she will be to her child (De Vito 2007).

Another important source of support for young mothers is peers. Friends typically offer mainly emotional support and social companionship, but not much else because they often share similar economic instability (Lumino et al, 2016). Support from friends is significant for young mothers, as friends are often asked for advice, that young mothers would be nervous to ask elsewhere (Taplin, 2009). Young mothers need support and understanding from their peers regarding their new life situation, because they have a heightened need to feel acceptance among peers. Being part of a peer group gives young people a sense of stability, acceptance, and

socialization. However, young mothers face difficulty in maintaining their peer relations because their peers fail to identify and understand their new responsibilities and demands as a mother. That is why many young mothers feel abandonment and loneliness from their peers (De Vito, 2010.) Many peer relations are formed in school especially during adolescence. Therefore, young mothers often lose these relations as they are no longer attending to school. Peers can also become discriminating towards them, because there is a persistent stigma towards childbearing outside wedlock in Tanzania.

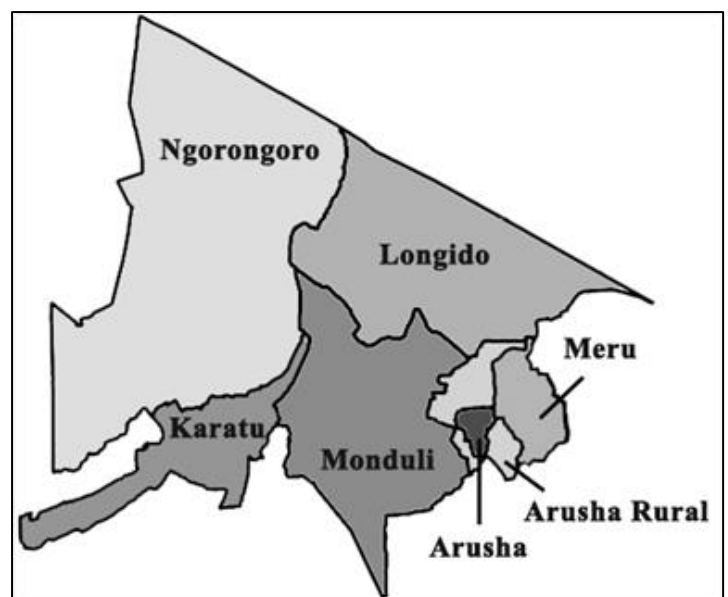
Young mothers are less likely to receive support from their partners compared to older mothers. (Huang et al, 2014). Richter and Morrell (2008) argue that the concept of fatherhood in Africa is based more on who takes the responsibility of caring for the child and not so much who conceives the child. The social changes of globalization and economy has made it difficult for some men to meet the society's expectations of fathers. Specifically to be seen as sole economic providers for their families. Furthermore, Richter and Morrell (ibid) argue that among younger men the feeling of responsibility towards fatherhood has decreased. Therefore, the number of single mother households has become increasingly common in Africa. The single mother households are almost always poorer than two parent households. This is because men still often earn more income for the family than women. Moreover, men in Africa usually have better access to community resources because of their gender (Richter & Morrell, 2008.) Furthermore, Jouhki & Stark (2017) argue that marriage in urban areas in Tanzania is becoming less common and young men don't enter marriages if they cannot provide for their wife. The unemployment of young men has made it hard for many men to provide financial support to long term female partner and their children. Therefore, men engage in short term relationship with women, which does not require long term commitment and provider ship (Jouhki & Stark, 2017.)

2.2 Sociocultural- and historical context of the study area

Ungar (2006) states that when researching resilience, culturally and contextually specific aspects should be taken into consideration as resilience is affected by the cultural context, where individuals live. This subchapter provides an outline for the sociocultural- and historical context of Tanzania, and more specifically Meru. This is stated in order to gain better understanding of the social, environmental and cultural factors and norms that impact the lives of single mothers. This study was conducted in two places in Arusha Region, in the villages of Meru and in two shelter homes in Arusha town. Arusha region is located in Northern Tanzania and is divided into six districts (see map 2). Geographically, the region is diverse as it is covered by both volcanic lands of Mount Meru (4,566m) in the East and vast semi-arid plains of the north and west that are mainly inhabited by pastoral Maasai. The regional capital of the area is Arusha town (1400m), which constitutes its own district located right next to the borders of Meru. The town is located about 20 kilometers south west from Mount Meru and it is the capital of the Arusha region as well as the economic and administrative center of the region. Arusha and its surrounding settlements are estimated to have over 500 000 inhabitants from many ethnical and linguistic groups as many people from surrounding regions have moved to the city to look for better livelihood. Arusha town attracts many young people from the more rural areas of the region who seek better living conditions and employment opportunities. Many of these young people arrive to the city alone, as did the women living in the shelter home.

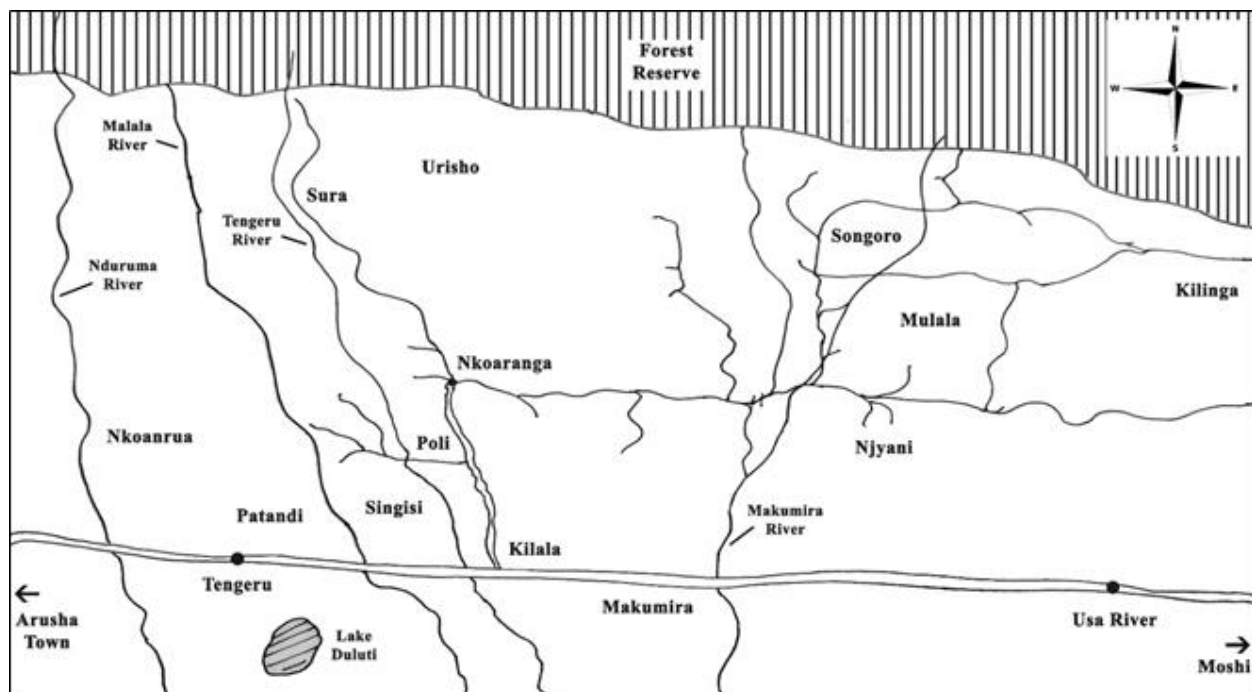


Map 1: Tanzania mainland regions. Reference: Map was created by the author



Map 2: The districts of Arusha Region. Reference: Map was created by the author

The main part of this research was conducted on the eastern side of Mount Meru, in the area around Nkoaranga village (1400m) which is located about 15km from Arusha town and about five kilometers up from the main Arusha-Moshi road (see map 3). It is a central settlement in Meru, as it is situated at the top of the only paved road that connects the villages on the southeastern side of the mountain to the main road. Furthermore, the only hospital of the area, Nkoaranga Lutheran Hospital is based there, which makes Nkoaranga central village in the area. The area is mainly inhabited mostly by the Meru people (*Wameru*) which is one of the approximately 130 different ethnic groups in Tanzania. In 2016 the population of the Meru was estimated to be close to 200 000 people. Due to the favorable climate and agricultural conditions in the area and the relatively short distance to big towns, the population of Meru has expanded rapidly in the last decade (Butovskaya et al, 2016.). Today, most of the Meru population live on the southern and eastern slopes of the mountain in an area bordered by the Nduruma River in the west, Arusha-Moshi road in the south and Mountain Forest reserve in the North. The most populated Meru settlements are in the southeastern parts of the mountain in the altitude of 1200-1800 meters (Larsson, 2001.)



Map 3. Approximate location of villages in Easter side of Mount Meru. Reference: Map created by the author based on the drawings of the local Meru interpreter

According to Haram (2005), Meru in the last century have experienced profound societal change due to both internal and external factors. Spears (1997) argues that population growth, land policies, and change in the national economies has resulted in socio-economic change in the area. Both Meru and Arusha societies were transformed by the British and German Empires who ruled for over half a century. German missionaries had significant impact on the Meru society, which lead to many social- and economic changes, as well as changes in sexual- and reproductive life among Meru (Haram, 1999.) The European settlers arrived early to Meru, because of its favorable climate and agricultural conditions. By the early 1900s German Lutheran missionaries and European coffee plantations had settled in the Meru (Larsson, 2001). After few failed attempts, German Lutheran missionaries established a mission station and school to Nkoaranga in 1902, which was one of the first stations in the Meru region (Spear, 1997). According to Spear (1997) the colonial era was the rise of new class in Arusha and Meru societies that were defined by education, religion, and material wealth, in comparison to the traditional class that was defined by age, gender, and cattle.

During this time many Arusha and Meru inhabitants converted into Christianity despite being treated as outcast by their kin. The converts gained significant influence in Arusha and Meru society by developing schools and cash crops such as coffee. Coffee was mainly handled by the converted Christians who then accumulated wealth and respect in Meru by selling it (Larsson, 2001). This led to the growth of Christian communities around the mission stations like Nkoaranga (Spear, 1997). Lutheran church held its strong ground in the area through the British colonialization and the church remained under the German mission until 1963, when Evangelical Lutheran Church of Tanzania (ELCT) was formed and the area became part of the Meru Diocese of ELCT (Haram, 1999). During colonialization the Lutheran church was central in extending the education- and healthcare institutions in the area. (Larsson, 2001). According to Spears (1997) the Christians introduced new image of progressive and educated Christian men and women in Arusha and Meru societies. Moreover, the Christians became important mediator for the new social and economic forces such as education and market economy in the Arusha and Meru societies (Spear, 1997). Haram (1999) argues that the aim of the missionaries was to convert the sinful ideas of sexuality and reproduction in traditional Meru society to fit into the biblical ideas of morality and chastity. The missionaries encouraged female virginity, monogamy and marital fidelity in the Meru society (Haram, 1999).

Today, most of the Meru (around 94%) practice Christianity even though they historically put up a lot of resistance against Christian missionaries arriving to the area (Butovskaya et al, 2016). Churches can be found in every village and form an important form of socialization for the people in Meru. The Lutheran church has had an important influence in the Meru society. Almost all Meru are Christians and a major part of them are part of the ELTC. The Lutheran church has had almost hegemonic status in the Meru in the last several decades. The church has kept its influence in the area and it goes further than religion (Larsson, 2001). The Lutheran diocese of Meru takes part of development projects, owns land, and is partly in charge of running the biggest hospital in the area, Nkoaranga Lutheran Hospital.

2.2.1 Family structures in Tanzania

The family relations have a great impact on the resilience processes of the single mothers and therefore it is important to examine how the Tanzanian family relations are, and how they have been changing in the past decades. Several studies (Frankenberg 2012, Ringsted 2004, Therborn 2006, Evans et al, 2008) argue that African family structure have been in change in the past decades due to globalization and urbanization. Therborn (2006) states that family, gender, and sexual relations in Africa are increasingly affected by the global processes of globalization. The African family systems have traditionally been characterized by marital alliances and inhering property. Traditionally the family system has included showing respect to elders, rites of passages in to adulthood and strong importance on fertility. Family life is collective and family has a great say regarding marriage and life course of individuals (Therborn, 2006.)

Manyama (2017) states that the main changes in Tanzanian family structure started already in the colonial period, when education introduced new social norms and values into Tanzanian families. Moreover, Manyama (ibid) argues that the neoliberal era of the 1980 had an impact of the family structures in Tanzania. Neoliberal era impacted the size of family structure, since family was started to view more from nuclear family perspective. Moreover, different style of families became evident such as single parent families. According to Manyama (2017), extended families are still the predominant type of family in Tanzania, especially in rural areas, while the nuclear type of families are becoming more common in urban areas. Furthermore, urbanization has changed the family structures in Africa as family members migrate to the cities to look for better employment opportunities (Evans et al, 2008.) This has also affected the family structures in much

of Tanzania, and in Meru. In the past, the families in Meru were mainly relying on agriculture as a source of income. Even today, agriculture continues to be the main livelihood for Meru families, however recently Meru have adapted other kind of income opportunities. Specifically, the young members of the family are now migrating to cities to look for jobs. This has been possible because of the proximity to the economic capital of the region, Arusha (Butovskaya et al, 2016). Larsson (2001) states that since the 1950s Meru has migrated off the mountain to look for better income opportunities. The proximity of the Arusha town exposed young people to the town life and therefore young Meru has gotten new ideas of lifestyles outside the traditional lifestyle (Larsson, 2001.) The young Meru men often go to nearby towns of Usa River, Tengeru, and Arusha to look for employment. Often the migration is temporary, but sometimes the men migrate permanently to cities. The remittances that young Meru send home to their families are important source of income especially for older family members. In the last decades young Meru women have been also been more involved in off-farming activities. Generally female work activities are more local, such as selling crops and handicrafts at the local market. However, the Meru women's role in the job market has increased in the last decades, because of the increased education opportunities for women. Furthermore, the land scarcity has become an issue among the Meru families and because of that it has become more socially acceptable for the Meru women to seek employment outside farming (Larsson, 2001.)

The homestead (*kihamba*) used to be the center of the social and economic life in Meru. It was central to the family life and the surrounding crops provided food for the whole family. The older sons in the family established their own *kihamba* nearby, while the young sons stayed at their father's *kihamba*. Because everyman is believed to have right to his own *kihamba*, the lands on the mountain became quickly occupied, which leads to the Meru to expand to further areas (Spear, 1997.) Today *kihamba* consist usually of simple brick houses with iron sheet roofs. The land of the *kihamba* is used for growing crops, but also for keeping trees for construction or fuel to the fire. The soils in the area are highly fertile because of the volcanic land of Mount Meru, thus Meru families practice intensive agriculture. Most families grow mangoes, bananas, avocados, tomatoes, maize and rice along with coffee depending on the altitude where they are settled. Family farms are usually small, because of the land scarcity issue on the area. Previously, several families lived together, but now it is common that each family have their own one-family house. Because the area has suffered from land scarcity, some young Meru men are buying land from other areas,

which has impacted the traditional family structure as families are not living so close to each other anymore (Butovskaya et al, 2016.)

One of the stable social characteristics in most Tanzanian societies including Meru has been the patriarchy (Manyama 2017, Larsson, 2001). Men have held the power of decision making in many aspects of social life including family and community (Manyama, 2017). The descendent line of Meru is patrilineal and it has been working as such for several centuries. However, the system has been changing as the social division of labor has been shifting as more Meru women participate to income activities outside their homes (Larsson, 2001.) Traditionally, the property is inherited by the male lineage. The sons inherit the equal amount of their father's land when they marry. Moreover, the youngest son inherits the rest of the father's land along with the parents' house, when the father is too old to look after the house and land. Together with the oldest son, the youngest son is responsible for looking after the parents (Haram, 1999.) Nowadays, daughters can inherit cattle from the parents, which she can then use together with her husband (Butovskaya et al, 2016). However daughters usually don't inherit land as they are expected to move to live with their husbands. In patriarchal families, the husband has the decisive power over the rest of the family. Hierarchical status is given as "the head of the family" who is usually male. Therborn (2006) states that post-colonial national laws in many African societies usually placed women in disadvantaged position. However, Therborn (2006) argues that unlike in East- Asian societies, in majority of the African societies, daughters are not seen as a liability as they are bringing bride wealth to the family.

Tanzanian family life is governed by both family and community structures. Caregiving of children is usually shared between mother and other extended family members such as the father, older siblings, and even neighbors (Frankenberg, 2012). Childrearing is seen to be the responsibility of the whole family. Through the idea of collective parenting, the brother of the father and sister of the mother is also through to be the child's father and mother (Richter & Morrell, 2008). Therefore, in Kiswahili, the paternal uncle is called "*baba mkubwa/ baba mdogo*" (big /small father) and the maternal aunt is called "*mama mkubwa/mdogo*" (big/small mother). Moreover, the family life has been usually characterized by the close proximity of kin, where family members live close to each other. However, this is changing as rapid economic and social

changes are disintegrating the traditional ways of family life of Tanzania and affects the ways families support their children (Frankenberg, 2012).

Tanzania can be seen as a hierarchical society, where elders are seen to have more power. Therefore, older members expect younger members to follow the social norms and order (Frankenberg, 2012). The concept of traditional leadership among Meru chiefs has been changing. After the independence, as a consequence of the new political order of African socialism (*Ujamaa*) much of the informal influence of the traditional leaders has been replaced by the new political order coming from above (Larsson, 2001). Furthermore, the influence of Christianity and labor employment have caused the age-grade (*rika*) system to disseminate. Traditionally, the age of a person holds importance in the Meru society. Therefore, in the past age- grade system was seen as central institution for the society. The age- grade system was based on the idea of equality among the members of the same age group. Older people were holding more respect, power and wealth than younger members. In this system men moved from one group to another by doing rites of passage (such as circumcision). The age-grade system was disrupted in Meru after colonialism, when young people's education and employment opportunities increased and they started to create more wealth for themselves. This led to the situation that older members in the community were no longer having the same control over the younger members. Despite the disintegration of age-group system in Meru, it still holds symbolic value in Meru society. The elders in Meru families are highly respected and the age system still works as a reference for personal life, especially regarding marriage (Haram, 2005 & Larsson, 2001.) Moreover, Therborn (2006) argues that in African societies the authority and power of father has diminished. This is because their control of property, space, and culture have been weakened. Therborn (2006) calls this as an 'institutional meltdown of patriarchy'. He says that '*acquisition of education and information has over taken the experience of age*' (p.26), meaning that the global power relations have challenged the previous knowledge of fathers.

2.2.1.1 Sexuality and gender roles in Meru

In Meru and much of Tanzanian society premarital sex is not acceptable according to society's norms (Haram 2005, Maluli & Bali 2014). Patriarchal views define the roles of gender and sexuality in Tanzania. Expectations for girls and women are gendered and they are expected to behave according to the culturally and socially accepted norms (Maluli & Bali, 2014).

According to Haram (2005) sexuality and reproduction are deeply embedded in formally structured systems of marriage and kinship in Tanzania. The Meru have strict societal norms related to appropriate male and female behavior that are mostly intervened into the notions of shame and respect. The notions of shame and respect among Meru are gendered and for women they are closely tied with her sexual behavior. The notions of respect and shame are common and in everyday use in Meru and they enforce the male and female sexual behavior (Haram, 2005.)

Among Meru both men and women should control discipline of their sexual desires in order to avoid “sexual shame” to themselves or their families. Young women’s respectability is seen as highly important, especially when they approach the time of marriage. Girls are expected to maintain her respect and not bring shame to her family through sexual actions. Furthermore, girls should be selective in seeking a partner and not accept the men approaching her. Girls are expected by society to manage her sexual relationship with caution and in secrecy or she is at the risk of losing the respect of the community. Unlike women who have many sexual relations, men’s sexual activity is not restricted by the fear of respectability. Instead, young men are expected to become sexually experienced (Haram, 1999, 2005.) Haram (1999) argues that the most important aspect of young people’s sexual relations are that they are kept in secret so that they won’t cause harm to respectability later once a girl is about to marry. Therefore, girls should avoid relationships with boys, who are known to have many girlfriends in order to maintain their own respectability, because been involved with that kind of boy would mean that the girl cannot select her partner well.

Furthermore, according to Haram (1999) one important aspects that influences the social life in Meru is the idea of “*tamaa*”, which in Kiswahili refers to desire and ambition. *Tamaa* refers to the “quality” of a person. In Meru personality is often defined either “good” or “bad”. Because girls are expected to mature earlier, they are also expected to develop *tamaa* earlier than boys. Desirable qualities for girls are reserved and shy. Boys on the other hand are accepted to have wilder behavior. *Tamaa* is believed to be developed especially during adolescence, when youth is maturing into adulthood. Moreover, it refers to the inner battle of making good choices, therefore *tamaa* is thought to be strongest during adolescence when youth is developing. Adolescents are expected to control their desires during that time so that they can prove to become responsible adults. The society sets the bounds that are acceptable and young people are expected to control

their *tamaa* within those rules. *Tamaa* is traditionally believed to influence the individual's life either positively or negatively, depending of what kind of choices the person does. Moreover, it includes gender specific rules, as girls are expected to show more control over their sexual desires. The sexuality *tamaa* of men is seen to be more uncontrollable, as men are seen to naturally have more sexual desires (Haram, 1999.)

Moreover, Haram (2005) describes that gift-giving as one of the central ideas of sexuality in Meru. Gift- giving is central for the maintaining of sexual relationships among Meru youth. Haram (2005) argues that sexual relations are often of transactional nature, where women employ their sexuality for resources and services provided by their partners. This is seen as a natural part of women's *tamaa* (Haram, 2005.) Women's *tamaa* for sexual things is seen to be caused by her desire for money (Mc Clearly-Sills et al, 2013). Boys who don't give out gifts are seen as bad partners, while on the other hand women who accept gifts from many men are labeled as prostitutes (*malaya*). Girls often use these gifts to access school supplies and luxury items that they wouldn't otherwise be able to afford (Haram, 2005.) This sugar daddy (*buzi*) phenomena of Tanzania is reported by many scholars such as Silberschmidt and Rasch (2001), Maganja et al, (2007) and Wamoyi et al, (2010).

3. Theoretical framework

In order to examine the key factors affecting resilience of single mothers, relevant theoretical concepts need to be outlined. This chapter outlines all the theoretical concepts used in the analysis of this research. First, the concepts of social resilience and reproductive resilience are explained. Resilience works as the main background concept of this research and therefore it is important to define which factors are considered important for the resilience of individuals. Moreover, the concepts of social-, economic-, and cultural capital are elaborated, as they are considered central to the resilience processes of young mothers. Furthermore, gender, sexuality, and motherhood are conceptualized taking in account the cultural context of Tanzania. Conceptualizing these is significant in understanding how the social discourses of adolescent pregnancy and motherhood are constructed and how they affect the resilience processes of the young mothers of this study.

3.1 Social- and reproductive resilience

The concept of resilience emerged in the field of ecology in the 1960s, but it has since then expanded to multiple disciplines such as psychology, biology, and ecology where different meanings of the concept have been adapted (Davoudi, 2012). Research on resilience has increased in the last decades as its relation to wellbeing and quality of life has been underlined (Windle, 2011). The focus of the resilience research has been principally on the developmental outcomes of vulnerable children and youth. The term resilience has been used for multiple purposes in research. Firstly, it can be used a description of individual characters of a person who thrives despite disadvantaged conditions (better than expected developmental outcomes). Second, resilience is used to refer the competence a person has under stress. Last, resilience can be used to describe the positive outcomes after a trauma (Windle, 2011.) These conceptualizations often overlap each other in research and share the common understanding of resilience emerging in the presence of adversity (Ungar, 2006). Research on resilience aims at understanding the processes of positive adaptation. It refers to the capability of individuals to live with adversities and the ability to perceive and adapt (Obrist et al, 2010). Resilience is broadly understood in the literature to refer to a process of positive adaptation to adverse conditions (McDermott, 2005). Windle (2011) defines resilience as: *the process of effectively negotiating, adapting to, or managing significant*

sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity ' (p. 163)

Windle (2011) argues that resilience operates in multiple levels, which interacts with each other as people are always influenced by their complex social, environmental, and physical environments. Resilience can be seen as attribute of a relationship between the individual and one's multilevel environment, where individuals make choices how to act to meet their own needs, but also the demands of their environment (Lerner et al, 2012). Moreover, there are three requirements for resilience to emerge. First, it is necessary to have an individual who is facing an adversity or risk, in this case adolescent pregnancy and motherhood. Second, it is necessary to have resources or assets to control the effects of that adversity and third, an individual positively adapts or all together avoids the negative outcome. The focus in resilience research is on individual's capabilities and strengths rather than weaknesses (Windle, 2011.) Resilience is not seen as a preexisting capacity that a person has, instead it is gained through individual's interaction with their environment, and therefore it is not a personality trait or attribute (McDermott 2005 & Collins 2010).

Furthermore, Ungar (2006) has criticized the westernness of the concept of resilience. He argues that resilience research has to take in consideration the cultural context of where the individual is living, because resilience is culturally defined differently. Therefore, the cultural context of adolescent living in the west is different than adolescent living in Tanzania. Ungar (2006) states that resilience research has focused especially on the health of children, youth, and families. Focus has been especially in accessing the individual, family, and community resources in western context. He argues that there has not been enough study about resilience in non-western contexts (Ungar, 2006).

Research on resilience seeks to identify the factors that are protective and that can modify the negative effects of the life situation (Collins, 2010). The capacities of the person herself, her family and environmental context are seen to have central position in positive outcomes when facing adversity (McDermott, 2005). According to Collins (2010) focusing on resilience offers the opportunity to provide more solution-oriented research that emphasizes on the potential of individuals rather than focusing just on the risk factors. It offers an opportunity to see young people's resources rather than just seeing the problems that need to be solved (Resnick, 2000).

Resilience research can help different practitioners to see that even individual's in adverse situations can thrive with support. It is also seen to enable the focus on the people's experiences and the special circumstance and context of individual's life (Collins, 2010).

Furthermore, Obrist, Pfeiffer and Henley (2010) have conceptualized resilience from a social science point of view. Social resilience is based on the idea that social institutions are central to the development of resilience. The institutions shape the access, use and distribution of resources that individuals have. Obrist (et al, ibid) define social resilience as: *'the capacity of actors to access capitals in order not to only cope with and adjust to adverse conditions (reactive capacity, but search for and create options (proactive capacity), and thus develop increased competence (positive outcomes) in dealing with a threat'* (p.287). The individual's capacity to act in the situation is dependable on the resources (capitals) that the person has, while at the same time power-related resources influence the person's capacity to access these resources. Therefore, individuals with different resources are differently exposed to the same risk. Thus they face different constraints and opportunities to develop resilience (Obrist et al, 2010.) This is important to notice in the case of young mothers as they have different opportunities to develop resilience during pregnancy and motherhood due to many sociocultural- and economic reasons. Obrist (et al, 2010) presents that proactive capacities refer to the capability of the individual to change and search for new options and solutions to manage with the adversity. Diverse capacities of the individual are crucial for anticipating threats, changing regulations, planning ahead and organizing necessary support. Social resilience interacts between enabling factors and capacities that operate in different levels of society. Enabling factors protect and help to cope by facilitating access to capitals, while capacities enable social actors to cope and adjust as well as create responses and options. The capacity of a person to act in the face of adversity is largely dependable on the structures that determine what kind material as well as non-material resources a person has on her disposal (Obrist et al, 2010).

Reproductive resilience framework presented by Ahorlu, Pfeiffer & Obrist (2015) takes the theory of social resilience further. Ahorlu (et al, ibid) use the reproductive resilience framework, to examine how different actors (family and friends) and, institutions (school and health services) influence young women build resilience to cope with pregnancy and motherhood. The framework

is conceptualized around the assumption that unwanted young pregnancy and motherhood might be a threat to education, socioeconomic wellbeing and health of young mothers. The reproductive resilience framework focuses on three aspects to examine the resilience of young women. It assesses the different capitals young women have at their disposal. The capitals assessed in the reproductive resilience framework include social capital (relations with others that can offer support), cultural capital (personal knowledge and educational qualifications) and economic capital (economic resources of cash or kind). The reproductive resilience framework analyses how these capitals work, together with the capacities influence the competence and adaptation of girls to pregnancy and motherhood (Ahorlu et al, 2015.) Moreover, the framework is used to examine the socio-demographic context of the individuals focusing on the proactive and constraining factors of their environments that affect their resilience (Pfeiffer et al, 2017).

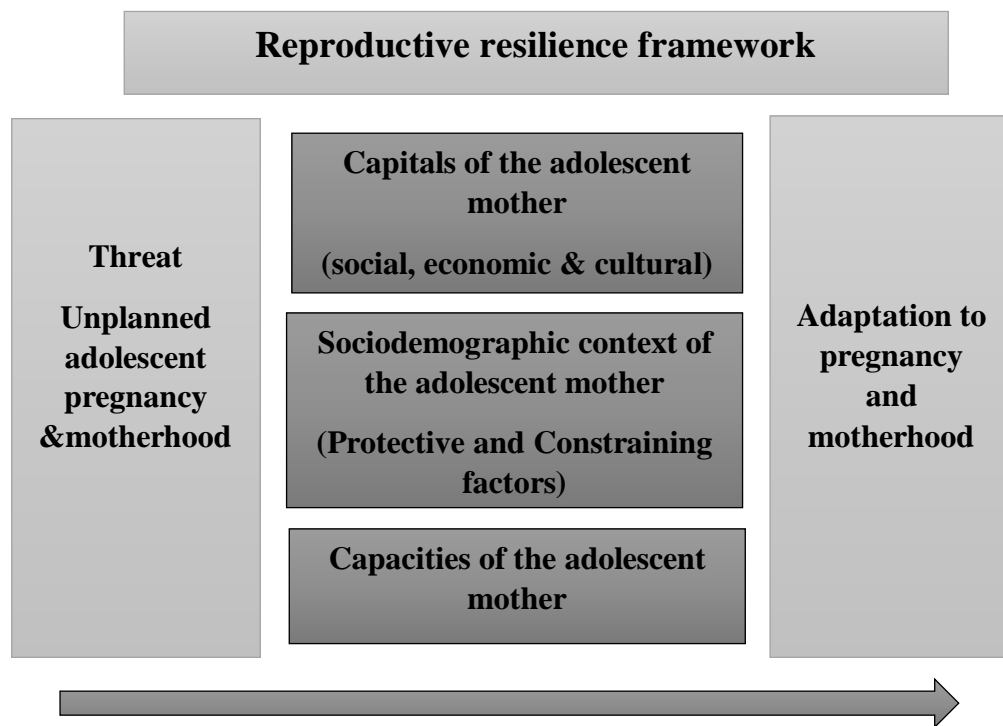


Figure 1: Reproductive Resilience Framework, modified by the author. Reference: Ahorlu, Pfeiffer & Obrist (2015): Socio-cultural and economic factors influencing adolescents' resilience against the threat of teenage pregnancy: a cross-sectional survey in Accra, Ghana.

3.1.2 Social-, economic-, and cultural capital

Social capital and social support

Social capital has been conceptualized by many scholars. Ahorlu (et. al, 2015) defines social capital as '*various kind of valued relations with significant others*' (p.5), which is based on Pierre Bourdieu's definition. Bourdieu (1986) distinguishes social capital as the sum of resources that are based on connections and group membership. Therefore, to have social capital people must relate to others and in that way gain "advantages" for themselves. The volume of the social capital person has depends on the size of network of connections a person can mobilize.

Bourdieu (1986) argues that social capital is never completely independent, and that the existence of networks is not naturally given but must be constructed. Lin (1999) defines social capital as an '*investment in social relations with expected return*' (p.30). According to Lin (ibid) individuals engage in networking in order to produce profits for themselves. Social networks and relations increase the individual's accessibility to resources and also reinforce recognition and identity. These reinforcements are essential for the health of the people. Therefore, the use of social resources of the social networks can lead to better socioeconomic statuses for individuals who have wide networks (Lin, 1999.) Both Bourdieu and Lin define social capital in the individual level, where individual are the both recipients and holders of the social capital (Sato, 2013). Individuals must have social relationships, such as family, friends, or school to access social capital. Those groups that generate important resources for individuals become the source of their social capital. Family, social networks and organizations operate as the main sources of social capital for individuals. These form the source of social support and also work as tools of social control (Gyan et al, 2016.) Gyan (ibid) argues that people's behavior in the community is governed by social control and norms. These norms and values determine the expectations how people should act within the community.

Furthermore, social support is a multidimensional and complex concept. It is tied to social relationships and the types of support received through social relationships. The support can be divided in four categories. First, instrumental (tangible) support that refers especially to financial support and aid. Second, emotional support that provides empathy, caring and trust. Third, informational support, which refers to provision of advices and information for specific need.

Fourth, social companionship or appraisal support, which refers to affirmation and social comparison (Lumino et al, 2016 & Heany & Israel, 2008.) Social support is proven to have impact on both physical and mental health of individuals. It operates as a protective factor especially against stress (Kaye, 2008). Furthermore, emotional support has an impact on self-esteem and self-perception (DeVito, 2010). Moreover, social support and social integration are seen to go hand in hand. The role of social support is significant in coping with risks and difficulties in daily life, especially in adverse situations (Lumino et al, 2016). De Vito (2007) defines social support as: *‘interpersonal transactions, which are multidimensional and include two functional properties: emotional support, which refers to the expression of positive feelings from one person to another as well as the endorsement of another person's behaviors, perceptions, or expressed views; and tangible support, which refers to the giving of symbolic or material aid to another’* (p.17)

Families are considered central in the development of resilience in young people. Families can provide both material- and financial resources as well as offer social recognition for the individual (McDermott, 2005). Collins (2010) presents that cohesive families together with positive social environment and high-self-esteem work as protective factors against adversities. For young mothers their family is often the most important source of social support and therefore greatly affects their resilience during pregnancy and early motherhood. Functioning social support network has an important impact on enhancing a person's life and work as a protective factor for young mothers and their children (Motjelebe, 2009 & Huang et al, 2013). Family support is seen important for young people as they develop their knowledge and skills. In cases when family is not available other significant adults can take this role. Moreover, social support is seen to foster emotional growth and increase more positive outlook on future (Collins, 2010.) Furthermore, the environment where individual lives is very influential on the resilience processes as the environment of the individual can either work as a buffer against negative impacts of the adversity or it can on the other hand worsen the negative impact on the individual (Kumpfer, 2002). Therefore, the environment can actually undermine resilience rather than encourage it. Culture and society play an important role in an individual's life. Therefore, the resilience processes of young mothers in Arusha are highly influenced by their sociocultural environment.

Economic- and cultural capital

According to Bourdieu (1986) economic capital includes access over economic resources such as cash and assets. Bourdieu argues that only economic capital is directly convertible into money as other capitals such as cultural- and social capital can be only converted indirectly in activities that involve commitment such as marriage, employment and family. Moreover, he defines cultural capital, which he divides into three forms; embodied (personal dispositions and habits), objectified (knowledge and tradition stored in material forms), and institutionalized (educational qualification). Bourdieu (1986) argues that all these three capitals are continuously transferred, transformed, and repositioned. He states that different forms of capitals can be derived from economic capital. However, even though there are some goods and services which economic capital gives access, others can be obtained only by social capital such as relationships (Bourdieu, 1986.)

Furthermore, Bourdieu (1986) argues that cultural capital can be acquired, but it depends on the society, period and the social class that the person has. He states that cultural capital always remains marked by its earlier conditions and can be accumulated especially by people who have the economic means to do so, thus cultural capital becomes unevenly divided in the society. Furthermore, cultural capital is to a large extent inherited, which means that children from families with great cultural capital have better opportunities in life than their peers from families with less cultural capital. Cultural capital (such as knowledge, books etc.) is transferred within the family and is dependent on time spent to transmission. A person has to be wealthy enough for having the time to accumulate cultural capital (such as education) without having to join the labor market to acquire economic capital. Moreover as cultural capital is linked to the person and to the social conditions of the transmission therefore acquisition of cultural capital is more disguised than for example economic capital. Bourdieu (1986) argues that cultural goods can be appropriated both symbolically and materially which on the other hand presuppose economic capital. For example to own a machine person only needs economic capital, but to appropriate and use them person needs to have access to cultural capital. According to Bourdieu the transformation of economic capital into cultural capital presupposes time that is made possible by possession of economic capital (Bourdieu, 1986.)

3.2 Conceptualizing gender in African context

Kolawole (2004) argues that understanding the dynamics of gender relations in Africa, is crucial for understanding how gender is conceptualized. Many African feminist scholars such as Oyewumi (2002) argue that gender research has been largely Eurocentric and thrive from the experiences of European and American women. Moreover, the western images about African womanhood have dominated the feminist research. Similar views are shared by other scholars such as Kolawole (2004), Anrfred (2004) and Mohanty (1991). Kolawole (2004) criticizes the way African women are presented in western development discourses as marginalized victims without voice. Feminist scholars such as Mohanty (1991) have also criticized the western feminist discourses that regard Third World women as homogenous and powerless group, who are victims of the sociocultural- and economic systems of their societies. African feminist scholar Oyewumi (1997, 2002) criticizes the mainstream western feminist thinking, with her research among Yoruba women in Nigeria. Oyewumi (1997) argues that gender division didn't exist before the Yoruba came in contact with the West. Women were not seen as subordinate to men, and gender was not use as a point for hierarchy ranking. Oyewumi (1997) argues that the western ideology of social categories is based on biology, and therefore the social ranking of hierarchy depends on the gender of the person. Therefore, women are seen subordinate compared to men. Oyewumi (1997) goes as far as arguing that the western patriarchy created the gender categories of "men" and "women" among Yoruba. Similar findings are shared by another Nigerian feminist Amadiume (1997) who argue that western gender concepts are based on male biases and "gender". Amadiume (1997) argues that the categorization of women as "other" didn't exist in Nigeria before colonialization and patriarchy that the West brought to Africa.

Steady (2005) argues that it is widely acknowledged that women are not a universal group, but represent different and diverse groups situated in different social locations and settings. Therefore, gender carries different meanings and ideologies in the social and cultural context where it is constructed. According to Steady (ibid), western gender studies have failed to recognize the differences of race, class, ethnicity, and sexuality and the power relations of those. Oyewumi (2002) argues that '*gender is first and foremost a socio-cultural construct*' (p.1). Therefore cultural relevance should be taken in account in gender conceptualizations. Oyewumi (2000) says that social category of "women" is not universal, because gender is always socially constructed. Therefore, the experiences of western women cannot be conceptualized in African context.

Moreover, in pre-colonial African societies women were not seen as a “weaker sex”, but after colonialization, regarding women as a subordinate sex became a norm. Okome (2005) argues that through colonialization ‘*women were domesticated and subject to the discipline of those recognized as the heads of household (men)*’ (p.16). Furthermore, Nzegwu (2006) also states that gender subordination in Africa can be traced back to colonial policies, which affected the constructions of social and family life. The male dominate view has gained legitimacy and worked to consolidate men’s hierarchy in African societies. The patriarchal view was started to take for granted and became culturally rooted. Moreover, women’s subordination was justified as she was naturally seen inferiority to men (Nzegwu, 2006).

Furthermore, Ridgeway and Correll (2004) state that cultural beliefs play significant role in the gender system. Gender operates as a frame for organizing social relations and behavior. Cultural beliefs define the expectations and characteristics of a man and woman, and how they are supposed to behave. According to Ridgeway and Correll (2004) even if a person does not endorse the cultural stereotypes himself, people still tend to take cultural stereotypes in account, because they expect others to judge them otherwise. Therefore, Ridgeway (2009) states, ‘*shared cultural beliefs act as the “rules” for coordinating public behavior on the basis of gender*’ (p.149). Cultural frames coordinate the behavior of men and women. Ridgeway (ibid) argues that gender inequality is rooted in organizational and institutional structures of societies. Gender operates in multilevel structures, such as structural, institutional, interactional, and individual level. Furthermore, gender stereotypes are widely institutionalized in media, laws, policies, and organizational practices (Ridgeway, 2009.) Culturally and socially determined belief systems regarding gender, age and class create different norms and expectations for individuals.

Swai (2006) who has studied womanhood among rural women in Tanzania, argues the system of patriarchy has a significant influence on the construction of gender norms, which put women in subordinate position. Swai (2006) argues that womanhood is constructed through repetition about what a woman is and how she should be. Individuals construct their identities as a woman through interaction with the other people in their environment. Therefore, women who do not accept the conventional “womanhood” norms are stereotyped as abnormal and bad, sometimes even dangerous (Swai, 2006.) Ridgeway & Correll (2004) argue that ‘*hegemonic gender beliefs are institutionalized in the norms and structures of public settings and established*

in private institutions, such as family’ (p. 517). Therefore, people act according to the norms what are seen appropriate in their sociocultural context. According to Swai (2006), women take over “*gender subjectivities*” that are different from men, such as motherhood and wifehood.

3.2.1 Sexuality and gender norms

Arnfred (2004) argues that Western colonial and post-colonial conceptualizations about sexualities in Africa, constructs Africans as something “other”. Colonial discourses constructed the sexualities of Africans as “uncivilized” (Becker, 2004). Becker (2004) argues that Christianity has had a huge impact on how sexuality is perceived in post-colonial Africa (Becker 2004). Sexuality in Christian context is seen as an issue of morality and sin. During colonialization the Christian views about sexuality became dominant in the areas where missionaries gained effective power (Arnfred, 2004). As mentioned (in chapter 2.2), similar process has been reported by Haram (1999) among Meru. The rules of sexuality and fertility and the Christian moral code, were spread and different lines of acceptable sexual behavior between men and women became existent. Men’s multiple sexual relations became associated with masculinity, while for women chastity became the moral code. Female sexuality was seen appropriate only in the purpose of procreation and therefore female sexual pleasure was regarded as a sin (Arnfred, 2004.) Furthermore, Arnfred (2004) states that these ideas of men having sex for pleasure and women for procreation, continues till today in African societies. These double standards, together with the idea of female chastity became the normality in the African societies where Christianity gained influence. Moreover, Becker (2004) states: *‘Christianity entailed a new set of ideas about “legitimate” sexuality in African societies. It tied sexuality and motherhood down within the framework of Christian, monogamous marriage’* (p.47). Colonizers set up a new model of the “Christian housewife” which controlled African women’s sexuality and labor (Becker, 2004).

Machera (2004) argues that sexuality is socially constructed, as sexual behavior is both constrained and influenced by the cultural definitions of what is acceptable. Furthermore, femininity and masculinity are products of cultural and social processes, which change in historical and social structures (Silberschmidt, 2004). Machera (2004) argues *‘sexuality is a social-political arena constantly reshaped through cultural, economic, familial and political relations, all of which are conditioned through prevailing social organizations of gender, race and class relationships at given points of time’* (p.167). Moreover, sexuality of women is something that is seen to have to

be controlled, this Machera (ibid) argues traces back to the western discourses of labeling of women as either, “good women” (virgins) or “loose women” (sexually active women). These discourses present female sexuality as dangerous, which should be contained (Machera, 2004). Female sexuality present a threat to masculinity and male identity, because male honor that is tied to masculinity is seen to depend on the appropriate behavior of women, such as the behavior of their wives and daughters (Silberschmidt, 2004). Diallo (2004) who has studied female sexuality in Mali, argues that women’s sexuality has faced more restrictions than men’s sexuality because of the concerns of women not filling their primary roles of wives and mothers. If a woman is sexually active it can be seen as a threat to her priorities as a wife and mother (Diallo, 2004).

Gender roles are defined by society norms, which determine women’s and men’s activities and statuses (Akujobi, 2011). Furthermore, sexuality is directed and controlled by social institutions such as family, school, and church (Machera, 2004). Unmarried women who embrace chastity are seen to have a good family upbringing of obedience and ethical norms. Furthermore, women have limited power to negotiate sex as the social views of “ideal woman” state that she should have the values of patience and submission (Diallo, 2004.) According to Kelhä (2009), who has studied young mothers in Finland, it is common universally that the parents of young women define their “age limits” differently as parents of young men. She states that similar sexual attitudes and behavior has different social and cultural significances according to gender and therefore they lead to different kind of sexual reputations between young women and men (Kelhä, 2009). These findings correspond with the findings of Haram (1999) among Meru, who argues that boys and girls face different expectations, because of their gender.

In African patriarchal societies, marriage is seen as the link between the kinship and childbearing. Children born in marriage are brought into the kinship of their father’s lineage. Therefore, marriage is seen as central institution for societal order. Marriage is also seen as milestone from moving to adulthood (Arnfred, 2004.) Furthermore, Therborn (2006) argues that marriage is the main institution that regulates sexuality in African context. This view is shared by Haram (1999) who argues that the main institution regulating sexuality among Meru is marriage. Moreover, Haram (ibid) argues traditionally age-grade system used to have influence on what was seen as appropriate behavior for which age group. This system formed the principles of the cultural and social construction of gender relations. Traditionally among this system has been regulated

through respect, obedience and shame. The age-grade system regulated the reproductive life and set norms of appropriate sexual relationships (Haram, 1999.) This system is still affecting the ways especially older people in the communities are looking at sexual relationships outside marriage, but it has somewhat lost its influence among young people (Haram, 2005). Haram (1999) states that sexual abstinence and respectability greatly defines if a woman is seen to be fit to marry. Therefore, unmarried pregnant women is thought to bring shame to herself and her parents. Thus it is argued that she is seen to have ruined her opportunities to marry in future (Haram, 1999).

3.2.2 Social- and cultural construction of motherhood

Pregnancy and motherhood have been central concerns for feminist research, because reproduction and mothering are significant to patriarchy. Childbearing is seen both as a means of empowerment and cause to oppress the position of women (Macleod, 2014). In the western feminists view motherhood has been defined as public and profoundly a political institution (O'Reilly, 2006). Silva (1996) argues that, '*redefinition, recognition, and the transformation of the mother*' are part of the history of women and motherhood has for centuries held a central ground in the discussions about a women's position in the society (p.10). Both Silva and Smart (1996) share the view that motherhood is not a natural state, but an institution that presents itself as natural. Motherhood is culturally, historically, and socially constructed as natural for women (Silva 1996 & Smart 1996).

Kelhä (2009) argues that in a cultural construction of motherhood, a mother is seen as a certain type of person and of a certain age. If someone goes around that construction it requires explanation. Motherhood in many cultures is seen as the milestone to adulthood, and it is tied profoundly to womanhood (Kelhä, 2009). Moreover, the social pressures dictated that women should have children and they should be born in wedlock. Historically, motherhood and marriage were regarded as the best achievement of women (Silva, 1996.). Silva (1996) argues that the '*institution of motherhood*' has set the rules of appropriate motherhood in patriarchal societies. The women who disregard these rules are faced with stigma and impositions from the society. Therefore, unmarried young mothers don't fit the context of "normal motherhood". Young motherhood is constructed as a social threat through discourses related to the social norms of motherhood and sexuality (Silva, 1996). Furthermore, Kelhä (2009) argues that motherhood is constantly defined as a cultural and historical construction that is all the time changing. It is

produced through discourses relating to what constitutes the “good mother” in certain societies. Motherhood experiences are always shaped by multiple factors such as social status, education, religious background, ethnicity, and personal beliefs. Therefore, all motherhood experiences are not similar (Kelhä, 2009.)

In African societies motherhood represents the highest form of respect for women. Motherhood has been discussed by many African feminists like Amadiume (1997) and Oyewumi (2000). Amadiume (1997) refers to motherhood of having almost “sacred” power in African societies. Mothers are respected by society at large and being a mother often brings privileges to a woman. Oyewumi (2000) states that in African family systems, mothers are the center around which family relationships are organized. However, Okome (2005) argues that the requirement of motherhood also operates as a form of oppression to the woman who do not bear children. This is because the society puts pressure and expectations for women to procreate. Akujobi (2011) argues that patriarchal societies construct women’s central position to be her reproduction and therefore motherhood and mothering have become issues of women’s identity. Motherhood is used to define “real” and “responsible” women from the rest. Therefore, motherhood has become a prerequisite to be accepted in African societies (Akujobi, 2011.) Okome (2005) states that in African societies motherhood is tied to womanhood and *‘women symbolize fertility, fecundity, and fruitfulness’* (p. 17).

Arnfred (2011) argues that in the west, motherhood is often naturalized and seen as passive submission to biology and subordination. However, she argues that this is not how motherhood is conceptualized by African women (Arnfred, 2011). Amadiume (1997) argues that in the western discourses motherhood is often viewed as being disempowering for women. However, in Africa motherhood is considered empowering position for woman. Similar arguments are made by Oyewumi (2000) who says that the concepts of wifhood and motherhood in African context should be distinct, because unlike wifhood, where a woman is seen to be subordinate to the man, motherhood in African context brings power to the woman. Therefore, motherhood is actually the preferable goal and identity of many African women (Oyewumi, 2000.) O’Reilly (2006) argues that in western context the term “motherhood” refers to the patriarchal institution, which is male biased and oppressive, while the term “mothering” refers to the women’s own experiences. Therefore, the term mothering is female defined and centered. O’Reilly (2006) argues that while

motherhood can be seen an oppressive institution, mothering experience on the other hand can be a source of power for women.

Furthermore, Oyewumi (1997) argues that in African societies motherhood is a position of authority and respect for women. Therefore, in African societies mothers are not seen as subordinate. Oyewumi (2000) describes that the reason why western feminist research sees motherhood as a subordination, is because in the patriarchal system, being a mother is strongly bound to wifhood. Furthermore, she argues that in traditional societies in Nigeria, the subordinate position of wives was not because of their “gender” but because they were considered as outsiders of the lineage of the husband. Therefore, she argues it is not the gender that makes a woman subordinate (Oyewumi, 2000.) Moreover, Oyewumi (ibid) argues that because motherhood has been undoubtedly linked to wifhood, children born out of wedlock have been seen as illegitimate in western patriarchy (Oyewumi, 2000). However, scholars such as Haram (1999), Porter (2004) and Ringsted (2004) argue that the in the patriarchal system of Tanzania, children born out of wedlock are also considered to be illegitimate children. Porter (2004) who has studied the gender relations among Pare in Tanzania, says that wifhood is necessary for women to achieve full status as adults in the society. The pare women considered wifhood to give them protection from other men, give them respectability and lift them into a “sacred” social position in the society. Furthermore, Porter (ibid) argues that colonialization undermined the institution of marriage among Pare. Therefore, the number of children born outside wedlock increased and the initiation rites regarding marriage life diminished.

4. Methodology

This research draws on qualitative research methodology. The data for this research was gained through in-depth semi-structured interviews with young single mothers and participant observation, which complement each other in gaining in-depth knowledge of the research topic. Other important sources for my research were informal conversations and research diaries that were written daily based on my observations during the fieldwork. I chose qualitative methods as the aim which was to get in-depth information about the respondent's personal stories and experiences. Collecting informants' own interpretations of their lives and social circumstances allows greater understanding of the life of single mothers in Tanzania.

4.1 Qualitative research and methods

Qualitative research is an effective way on gaining culturally specific information about values, behavior, and social contexts. The strength of qualitative research is that it can provide descriptions of how people themselves experience a specific research issue. Thus, it can provide information about beliefs, emotions, opinions, and relationships of the informants. Moreover, qualitative research is effective in identifying factors such as social norms, status, gender roles, and ethnicity that might not be apparent otherwise (NEU, 2018.) Compared to quantitative research, qualitative research can help researchers to gain understanding of the thoughts and feelings of the informants. Qualitative research aims to get in-depth description of a phenomena from the informant's perspective. Therefore, it tries to understand how a certain phenomenon is created and how people give meaning to it (Yilmaz, 2013.)

Qualitative research enables flexibility that can allow comparison of the informant's responses as well as interaction between the researcher and respondent. Most common qualitative research methods are interviews, observations, group discussions, and document analysis. Qualitative research requires reflection from the researcher to reflect upon their position and subjectivities, as the analysis of the gained data is subjective and the interpretation always depends on the researcher (Sutton & Austin, 2015.) For qualitative data to be credible it must be descriptive, and the descriptions must be factual and detailed. Therefore, the researcher has to get close to the informants and situation that is being studied so that the researcher can develop in-depth understanding of the topic (Yilmaz, 2013.)

Semi-structured interviews

The objective of an interview is to study the views, beliefs, and motivations of individuals. Interviews can be either structured, semi-structured or unstructured, the difference is how structured the interview is. In conversational interviews the interactions of the researcher and respondent are more open. Therefore it is easier to gain information on more sensitive topics that otherwise would be hard to get information of (Alasuutari, 2010.) The semi-structured interview is more structured than an open interview and is conducted as a conversation. Usually semi-structured interviews employ more open-ended questions that are often followed by follow up “how and why questions” (Adams, 2015). Unlike a structured questionnaire semi-structured interviews are more flexible and therefore enable conversational tone to the interview, which makes it possible to the researcher to clarify misunderstandings that might occur as well as repeat questions when necessary. Moreover, semi-structured interviews enable that respondents can answer more elaborately and more in detail than they would be in more structured setting (Tuomi & Sarajärvi, 2002.)

The reason for choosing semi-structured interviews as a method to collect my data made sense since coming from different cultural- and social background, and with limited time to conduct research interviews offered chance to receive in-depth information on informants lives and stories. Moreover, interviews offered the chance to clarify and ask more elaborating questions when needed. This would not have been possible by doing more strictly structured questionnaire. Even though the interview guide was prepared in advance, my questions were not strictly set and were modified according to the situations. This enabled the informants to express more freely the aspects they found most important. The adjustments according to the situation also helped me discover further information that was significant for my research, but which wouldn't have come up in structured interviews. Even though the group of informants is relatively small, the analysis of this research is in- depth.

Participant observation

Participant observation can be used to study the activities of people and the physical characteristics of a social situation (Spradley 1980). It is an appropriate method for collecting data on natural behaviors of people in everyday life setting. DeWalt and DeWalt (2002) state that participant observation is a method, *‘in which the researcher takes part in the daily activities, interactions and events of a group of people as one of the means of learning explicit and tacit*

aspects of their live routines and culture' (p.1). According to DeWalt (ibid), using participant observation as a method enhances the quality of data obtained in fieldwork. Moreover, it enhances the quality of the interpretation of data. Therefore, participant observation is both data collection but also an analytical tool. Participant observation can be either active or passive. In the active observation the researcher takes part of the action, while in the passive observation researcher observes the situation without affecting the way the situation goes. Participant observation is subjective and selective because the researcher focuses on certain aspects while someone might focus on something else. Moreover, participant observation focuses not only on spoken communication but also on the expressions, movements, and gestures of the informants that are important for the research (DeWalt & DeWalt, 2002.) I chose participant observation as complementary method for my research, since it helps to gain information about people's everyday lives and factors that may not come up at the interview situations. Participant observation can bring up new interesting aspects to research that can then be elaborated in the interviews.

4.2 Research data and methodology

The data for this research was collected during a four-week stay in Mount Meru in November 2017. During the fieldwork I lived in Nkoaranga village, in the south-east slopes of Mount Meru (see map 3). I chose this location as the base of my fieldwork mainly because I was already familiar with the village. I had lived there altogether nearly one year when I was working there as a volunteer in 2011-2014. Moreover, I was familiar with an NGO there that agreed to support me during my stay and assist me with practical arrangements. As this was my fifth stay in Nkoaranga, its surroundings and routes were already familiar to me and it didn't take much time to acclimate myself to the place. Furthermore, several friends that I had made during my previous visits had agreed to assist me in the research, which proved out to be a useful resource for me. The four-week time constrain brought some challenges to the research, but I was trying to be as effective as possible from the start. The first three days I used to meet up with my contacts in Meru and Arusha who could connect me with people that I might be able to interview. It proved out to be useful, that I had already beforehand contacted some people in Meru and therefore I was quickly able to start the interviews after my arrival.



Picture 1: Nkoaranga village main road



Picture 2: Songoro village

During the fieldwork I lived in the center of Nkoaranga village in the NGO office compound. This offered me great opportunity to have several interesting discussions with both local- and foreign NGO personnel that were present at the office daily. Moreover, being located at the center of the village, I was able to conduct many informal conversations with local people, as well as have easy access to travel to Arusha town and to more rural Meru villages. I spent most of my time at Nkoaranga and its nearby villages. I was observing and engaging in everyday activities, such as going to the local church and to the market. In addition, I spent several full days in Arusha town collecting interviews.

Originally, I had planned to interview only informants from Meru. However, due to some difficulties in finding informants I decided to expand the research to Arusha town. The difficulty in finding informants in Meru was partly because I didn't have specific location to look for informants as there was no organization in the area that worked with single mothers. Moreover, some informant's families didn't want their daughter to participate in this study because of its sensibility, which limited the number of informants I was able to find in Meru. Furthermore, the lack of paved roads caused that moving from one informant's home to another took significant amount of time, even when the informants in Meru were not living that far from each other. We were moving either walking or using pikipiki-motorbikes. Usually it took over one hour to reach the informants home from where I was staying. Therefore, when I received the contact information of two women's shelter in Arusha, I decided to organize a visit. These two centers then agreed that I can come spend time there, which was a great opportunity to observe a group of single mothers and their children in their everyday lives. After a couple of visits, several women informed that

they want to participate in the study and therefore I decided to conduct interviews also in the shelter homes.

Overall, I completed 20 in-depth semi- structured interviews with young mothers aged between 17-23 years old. All the informants were single mothers at the time of the interviews; however one woman was married to the father of the child, but were not living together, and was raising her child alone. Therefore, I see she also fits into the category of single mothers and I have included her in the data. Moreover, all the informants had given birth to their child when they were between 15-20 years old. Apart from one mother, who had twins, all the mothers interviewed had one child. Their children's age ranged from four months old to four years old. The informants had different educational background and although over half of the girls had started secondary school, only three girls had graduated from secondary school. Moreover, four of the informants hadn't graduated from primary school. Furthermore, 40% of the informants stated that pregnancy had disrupted their education. They reported either being kicked out of school or leaving voluntarily because of pregnancy related reasons.

Out of these twenty interviews, twelve interviews were conducted in the villages of eastern slopes of Mt. Meru in Nkoaranga and its nearby villages. These interviews mainly happened at the informant's homes, but two interviews were conducted at the office of the NGO where I was residing. Out of the mothers in Meru eight were living with their parents, three were living with their grandparents, and one was living on her own. The informants in Meru were either staying at home or were doing some daily labor or farming to receive little income. Two informants were attending a vocational training course organized by an NGO in the village. All the informants in Meru were originally from the area and belonged to the ethnic group of Wameru. Moreover, all the informants in Meru were Christians.

In addition, I visited two shelter homes for young single mothers in Arusha town. I use the codes AR1 and AR2 to separate the two shelter homes. Both women's shelters were small locally run NGOs that provide vocational training and temporarily home for about 20-30 single mothers and their children. I conducted four interviews in both shelter homes. These interviews were done at the office room of the shelter compounds. In both shelters the informants were receiving vocational training courses. The informants living in the shelter AR1 had already lived there for a longer period, while at the shelter AR2 the informants had just arrived there few weeks before the

interview. The shelter home (AR1) is a home where the women are living permanently with their children, as they usually have no home to return to. This shelter provided more long term living for the single women and their children. Shelter home (AR2) on the other hand accepted 30 women annually, who came to the center to live with their children for one-year period. Many of these informants referred the center to be like “a school where they came to learn skills”. The shelter was offering vocational training courses, and it was mandatory for the girls to attend training. The informants in the shelter homes came from various rural locations within Arusha Region, while some had arrived from other regions such as Manyara. Therefore, the informants were part of many ethnic groups. They had arrived in Arusha mainly to look for employment or to look for a relative who could support them. Some had arrived at the shelter specifically because they were hoping to get some help from there.

In addition, one interview with a local hospital nurse in Meru and one interview with a local NGO social worker in Arusha town was conducted. Both of these informants were women in their 60s. These interviews were done in English. Moreover, several informal conversations with both local- and foreign NGO staff, health personnel, and locals both in Meru and Arusha were conducted to gain deeper understanding of the topic. The informal conversations were done with people of all age and gender. A local interpreter was present at all the interviews done with the mothers both in the shelter homes and in Meru. The interpreter translated the interviews from Kiswahili to English. One interview lasted approximately 45 minutes depending on the person. The ways the use of interpreter might have affected the research is discussed further in the next chapter.

Out of all the interviews, 19 interviews were recorded, and three interviews were done using a notebook as the informants wished not to be recorded. I then transcribed the English parts of the recorded interviews. Moreover, I typed my handwritten field notes with my observations onto my computer. The transcriptions also included the ways informants expressed themselves, including pauses, noises, and tone of their voice. Sometimes the informants took a long pause and the tone of their voice changed. Few times the shelter home informants got upset and started crying when memorizing their experience. This was one of the ethical considerations that I will explain further in the next chapter. All these I marked in the transcripts. Moreover, some parts such as family members or neighbors intervening the interview were excluded from the transcripts. Although, I tried to conduct the interviews in a tranquil location, still many inevitable factors such

as people, animals, and traffic noises appeared on the background of the recordings. After the transcriptions were done, I then coded the interviews to protect the anonymity of the informants. The coding system I used is (15B15AR2), where the first number indicates the number of the interview, B15 indicates that the informant gave birth at the age of 15, while the last letters and number indicates the location (AR=Arusha and ME= Meru). The last number indicates the number of the shelter home.

Limitations of the research methodology

The main limitation that in some degree affected my research was the need to use interpreters to assist me in translating from English to Kiswahili, since my Kiswahili skills were not enough to manage interviews on my own. However, knowledge of some Kiswahili helped me to establish confidence from the person to me and detect if there were some parts left translated. To use the time efficiently, I chose to use two interpreters as my first interpreter, a young Meru woman, was busy during mornings because of her work schedule. Therefore, it was necessary to find also another interpreter who would be available on the times when she could not assist me. I was soon connected with a young Meru man who had good knowledge of the surrounding areas and time to assist me. Both of my interpreters worked part-time in the NGO in the village and they were assisting me during their free time from work.

I recognize the problem of using a male interpreter in 50% of the interviews in this study as it might have limited the liberty in which way the women feel they can talk about the issues relating to childbearing and reproductive issues. The decision to use a male interpreter was based because it was very hard to find someone with fluent enough English to work as an interpreter. Nevertheless, his knowledge of local Kimeru language and of the surrounding areas turned out to be very valuable resource for this research. Even though all the interviews were done in Kiswahili, the knowledge of Kimeru helped us to establish confidence to older people in the community, who were more comfortable discussing in local Meru language. He contacted most of the informants in Meru area and we furthermore used the snowball technique to find more informants. Even though, he was a male interpreter, I observed that some of the women interviewed in Meru were more comfortable talking to him, as they knew him somehow, rather than to the woman interpreter that they didn't know at all. However, I used the women interpreter to translate all the interviews done at the shelter home, because of the vulnerable situations of many of the shelter home women.

Furthermore, sometimes the views of the interpreter can affect the translations, which can lead to some changes in translations (Bragason, 1997). I tried to amend this kind of situation by having daily conversations with my interpreters about the importance of translations. Despite this, there were moments when it was noticeable that the interpreter was bringing his own view into the translation, therefore returning to the original Kiswahili recording was necessary to avoid too much of those biases affecting the research. Later I was able to listen the interviews and note some confusions in the interview questions, such as moments when the interpreter did not understand the meaning of some question. This happened in the beginning for example with the questions of emotional support. These were mainly due to the level of English of my interpreters and the fact that they were not professional interpreters. I had no opportunity to use a professional interpreter in this research, as I had no contacts to universities or anywhere where I could have located a professional interpreter. After returning to Finland I asked assistance from my previous Kiswahili teacher who was able to make sure that translations were done correctly and give insight on the confusions. The language barrier also affected the participant observation method as I was limited only to partly understand the conversations people were having with each other. However, I was always able to ask my interpreters if I did not understand some situations since we saw each other daily. Even with the language limitation I was able to observe people's behavior and patterns.

Moreover, as Nurani (2008) warns respondents might tell the researcher what they think the researcher wants to hear. This was especially challenging as a western researcher that draw a lot of attention in the villages. Sometimes in the interview situations, the informants were not sure what I was expecting of them. I tried to overcome this challenge by spending time with the informants in their homes to make them feel comfortable and clearly outline the purpose of the research. The knowledge of some Kiswahili helped me to make the interview situation more relaxed. Hegelund (2005) states the researcher's worldview is always undoubtedly part of the outcome of the research because biases cannot be completely avoided. However, during the fieldwork I tried to be aware of the possible biases that can affect the fieldwork research, such as personal biases like personality, social statues, cultural orientations, and life experiences affect the way researcher interpret other cultures.

Research ethics

All the interviews were conducted under the research ethics. Before the interviews all the possible informants were acquainted with the research by elaborating to them what the research is about and how the data would be used. This was done two times, first when the interpreter contacted the possible informants and later before the interview. The anonymity of the study was highlighted, as I explained the informant that their names will be anonymized, and their privacy will be protected. Because of the sensitivity of the research this was especially important and raised concern in some of the informants. Therefore, I will not give up any specific names of the villages in Meru or the shelter homes in Arusha where the interviews were conducted, because it could risk the privacy of the informants. I have chosen to use pseudonyms in order not to cause any harm to the informants. All the names in this study have been changed to randomly selected Tanzanian women's names to protect the anonymity of the informants. Moreover, consent to record the interview was asked before we proceed with the interview.

Furthermore, one ethical consideration that was evident in the interview situations especially among the informants in the shelter homes was the psychological aspects. Many of the shelter home informants experienced distress while speaking about their past experiences and abandonment that they had faced. McCosker (et al, 2001) states that it is important for the researcher to be aware of the signals and body language of the informants to interpret when the informants is showing distress. During the interview situation I highlighted to the informants that the interview can be stopped at any time if the situation is too stressful or that they don't feel like continuing. Also, I gave the informants as much time as they needed during the interviews. None of the informants asked the interview to be stopped, but in one case with a shelter home mother I decided to finish the interview early, because the informant was clearly showing a lot of stress and it would have been ethically wrong to continue the interview.

Another important ethical consideration I faced during the fieldwork was the question of rewarding the informants. However, from the beginning I expressed my interpreter the importance of informing the informants that no reward such as money or gifts was given out of the interviews. Usually the informants were not asking any rewards, but some of their families were hoping to receive something as they all were in financially difficult situations. For ethical reasons, I decided not to give any rewards to the informants or their families, as I think it would have significantly

impacted the responses and truthfulness of the gained data. However, after the interview I visited one informant's home a few times, and I felt that it was important cultural habit to bring a small gift for her family.

4.3 Data analysis

After returning from fieldwork, I then used qualitative content analysis as an analytical method to analyze the primary data gathered by semi-structured interviews and participant observation along with my field notes and research diary. The transcript interviews and field notes were analyzed to get an overall understanding of the data.

Qualitative content analysis can be used to organize and collect meaning from the data in order to draw conclusions from the collected data (Bengtsson, 2016). Categories are the center of qualitative content analysis, as the data is analyzed step by step and devised into content analysis units (Mayring, 2000). The objective of content analysis is to provide understanding and knowledge of a specific phenomenon by classifying large amounts of text into categories and themes. Current applications of qualitative content analysis included three distinct approaches; conventional, directed and summative analysis differ in coding schemes and origins of codes. While the conventional analysis focuses on gathering coding codes directly from the text data, the directed analysis uses a theory or previous research findings as guidance in categorizing codes. In directed qualitative content analysis, an existing theory and previous research provides predictions about the categories of interest and thus can help to define the coding scheme and the relations between the coding categories (Hsieh & Shannon, 2006).

I used directed qualitative content analysis to identify patterns that emerged from the informant's stories in order to create categories of the themes most central to the research questions. These categories are following a) social capital b) social networks c) emotional support d) economic capital e) financial support f) cultural capital g) informational support h) gender and sexuality discourses, and i) "good" motherhood. These categories were then sorted out after analyzing the interviews and notes from participant observation. Already during the fieldwork, I started noticing that these patterns were brought up in the informants' stories many times and these themes were raised as common characters in the answers. The coding process was helpful in the analysis process to offer an overview of the most current topics that came up during the interviews.

5. Findings: Key factors affecting the resilience of young single mothers during pregnancy and motherhood

In this chapter, I analyze the key factors that affect the resilience of young single mothers during pregnancy and motherhood. I conceptualize resilience as a *capability of individuals to overcome adversities in order to perceive and positively adapt to their life situations* (Obrist et al, 2010). To analyze the factors affecting resilience I use the reproductive resilience framework developed by Ahorlu, Pfeiffer and Obrist (2015) which helps to analyze the factors that influence the competence of young mothers to cope and adapt to pregnancy and motherhood. The framework focuses especially on capitals (resources) that individuals have at their disposal and to the constraining and protective factors in their sociodemographic context. These together impact the capacities that the individual have on adapting and building competence.

The first chapter focuses on examining the resources (capitals) that the single mothers of this study have. I have chosen to focus especially on social capital, because the mothers in this study are highly dependable for social support networks to gain other capitals such as economic and cultural. I will elaborate the different forms of social support and networks of the single mothers. Moreover, the meaning of these resources for the positive adaptation to pregnancy and motherhood is described. Furthermore, in the second chapter the constraining factors for resilience are analyzed focusing on the social discourses. This is done in order to understand how the social discourses of gender and sexuality impact the resilience of single mothers of this study. The last chapter focuses on motherhood and examines how motherhood can work as both constraining and protective factor for the resilience of the young mothers in this study.

5.1 The role of social-, economic-, and cultural capital in building resilience

5.1.1 Social capital and social networks of young mothers in Meru and shelter homes

This chapter analyses the informants social support networks with family, friends, and the child's father. Social capital is one of the significant resources, which affects how young mothers can adapt and cope in difficult life situations, and how they can develop competence (Ahorlu et al, 2015). Moreover, social support affects the self-perception of young mothers and work as a critical element in the positive adjustment into motherhood (DeVito, 2010). As Obrist (et al, 2010), argues

people's capacity to adapt is determined by what kind of resources the person has on her disposal. Therefore, it is important to analyze the ways social support networks can operate either as protective or constraining factors for the resilience of the single mothers in this study.

Relationship with family

Families are considered central in the development of resilience in young people. Families can work as protective factor for young mothers and their children against adversities (Motjelebe, 2009). It is important to point out, that the notion of family in Tanzanian context encompasses not just members of a nuclear family, but also the members of extended family. Family support was central to the coping of mothers interviewed in Meru and the support from family was the most constant source of support for the informants. This was mainly because apart from one informant, all the mothers interviewed in Meru were living with their families. Two of the informants were from single mother households, seven informants were living with both of their parents, and three informants were living with their grandparents. The informants living with their grandparent's had been either abandoned by one or two parents, or their parents had died. The informants were usually in contact with some extended family members, mostly aunts, uncles, and grandparents. However, the informants in Meru didn't describe being that close to their extended family members and often they maintained contact with only some people of the family. Moreover, it was common that some family members were living far. Some members of the families had move to Arusha or other parts of the country to work. This supports the findings of Frankenberg (2012) and Ringsted (2004) who argue that Tanzanian family structures have been changing, and the previous extended family unit is not very closely tied anymore because families in Meru are living further from each other than before. The shelter home mothers came from broken family backgrounds, and only three of the shelter home informants came from two-parent families. The rest of the informants were coming from single mother families or had been abandoned as a child. Many of the shelter home informants describe that their fathers had left when they were young, and therefore their family had been in financial difficulties.

It was not self-evident for the informants to maintain family relationships. Many of the informants experienced changes in their family relationships after they got pregnant. The support the families were able or willing to give to the informants varied for multiple reasons. First, sometimes the family was unwilling to accept the pregnancy of the informant, which often led to

abandonment of support during pregnancy. This will be discussed further in the chapter 5.2 about social discourses of gender and -sexuality. Second, all the informant's families were low income families with very limited economic resources, which affected the ways they were able to offer support to the informants. Some of the informants in Meru described that their families got angry about the pregnancy, but eventually got used to the idea and allowed the informant to stay living at home. In two cases, the family got so angry about the pregnancy that the informants were asked to leave the family home. The families reacted badly to pregnancy, because it caused shame and disappointment for them. The families were often worried how the pregnancy would affect them in the community. This corresponds with the findings of Ringsted (2004), who argues that the families are worried of the reputation that the pregnancy brings to their family. Moreover, some families, especially fathers were also angry, because they had spent money in educating their daughter, who had now lost her chances of finishing her education.

Since the pregnancy brought shame and disappointment to the parents, it often caused disruption in the family relations. This sometimes led to situations where the informants were left to manage on their own and seek support elsewhere. This also corresponds with the findings of Ringsted (2004) who states that pregnant girls in Tanzania are, “unwanted family members” who are often send away to stay with relatives during pregnancy. This was also what happened with some of the informants. Specifically, the shelter home mothers were often sent away from family home after the pregnancy was revealed, because it was too shameful for their families or they were not able to take care of them financially.

Unlike the informants in Meru who had close contact with their families, the shelter home informants had very limited contact with their families since they had moved to Arusha. Many of the shelter home mothers had come from distant rural areas and therefore were no longer meeting their family members. Some were coming from families that had separated already before the pregnancy, while others were kicked out of their homes, because their parents got angry after they told them about the pregnancy. One informant Anna (18), had managed to renegotiate her return to home after her parents kicked her out, but was again mistreated by her family and decided to leave for shelter home. She says: *"After I told my parents and siblings, they got so angry that they kicked me out of the home. So then my brother took me to our uncles home, but it wasn't a good place they didn't treat me well (-) After that my father called me and told me to return home so I*

went there and to ask forgiveness and they forgave me so I moved back to live with them, but eventually I came here” (16B16AR2). Furthermore, some of the informants in the shelter home had arrived there to escape from their parent’s pressure. Sophia (17) who got pregnant at 16- year old told that her mother was trying to make her marry the man who impregnated her. She says: *“My mother reacted so badly, she told me to marry him, but I didn’t want to do that so I run away to stay with my brother after that”* (17B16AR2). Sophia later arrived at the shelter home to avoid the continuous pressure of her family on marriage. Another informant shelter home informant Jackeline (18) was also pressured by her parents about marriage. Jackeline says that her parents took her out of school, because they wanted her to get married. At first, she refused the marriage, but after getting pregnant she was pressured to marry the man who impregnated her. She says: *“after that (fourth grade) I couldn’t go to school, because my parents didn’t pay for it, they wanted me to help at home and said I should get married...(-) when I got pregnant my parents forced me... my plans changed when I got married. My parents wanted me out of their home, so I had to marry”* (11B17AR1). Later when she was alone after her husband had disappeared, she decided to leave and go to Arusha to the shelter home that she had heard about from a friend. She says that since then she has not heard from her parents or from her husband.

In Meru, the relationships with family were more consistent, and only two informants described that they were not staying at home during their whole pregnancy. However, unlike most of the shelter home informants, the informants in Meru had managed to renegotiate their return back to family home. Maureen’s (20) mother was wishing that she would have an abortion. She was an 18-year old student at the time of her pregnancy and her mother who is a single mother of three children herself, got furious after she told her about her pregnancy. Maureen says that the discussions about abortion, led to arguments that eventually made Maureen run away from her family home. She tells: *“After I refused to do abortion, I ran to him (baby’s father) after that I was living there in his parents’ home until I gave birth. Once I had given birth, I moved back to my mother”* (3B18ME). After the child was born Maureen’s mother accepted the child and Maureen was able to move back to her home. Maureen was able to fix the relationship with her mother and she says she is feeling very close to her mother again. Her mother has started to support her by helping her to look after the child, so that Maureen can attend a vocational training course in the village. However, Maureen says that her relationship with the rest of the family has changed compared to the time before: *“I have felt a lot of loneliness because I don’t have my family the*

same way as I had before I became pregnant” (03B18ME) Another informant, Zawadi (17) says that her father got so angry about the pregnancy, that after she had given birth her father refused her to return to her grandmother’s home anymore. Therefore, Zawadi stayed with her newborn baby at a friend’s home for some months before her father allowed her to return home. However, she describes that her relationship with her father has been permanently changed because of the pregnancy. She says: *“I miss the support of my father, because before I got pregnant, we were close and he was so supportive of me and always listening to me but now it has changed. He doesn’t support me like before because he was so angry at me. I miss that.” (05B16ME).*

Moreover, pregnancy brought a lot of shame to the informant’s families. Some of the parents were hoping their daughter would make an abortion so that the community would not find out about the pregnancy. Brenda (21) who became pregnant at 19- year old says that both of her parents were feeling so disappointed and her father was wishing her to make an abortion. Once Brenda told him she didn’t want an abortion he went to look for the man who made her pregnant to demand him to take responsibility. However, the man had already ran away from the village and Brenda says her father gave up after that. Moreover, two informants described that their parents accepted the pregnancy for mostly three reasons. First, the parents knew the father of the baby or he had come to their home to introduce himself, so the parents could see that he would take responsibility of the pregnancy. Second, their daughters had already graduated secondary school (Form 4), which is seen as a high education for the girls in Meru. Last, their daughters had some income or savings to look after a child.

Even though some of the families accepted the pregnancy, it often shaped the relationship of the informant and her family. Some informants, like Glory (20) described that she feels that her relationship with her family has now improved. Her family accepts her because she has her own business and therefore she is able to financially take care of her child. She says: *“before we [family] were separated and we had some issues especially when I got pregnant, but now they can see that I am fighting for my own life. I am taking care of myself and my child trying to make money and handle my own business to get food and clothes for my child. They appreciate that” (01B17ME).* Glory’s child is now three years old and she has had time to earn the acceptance of her family back after the pregnancy. The fact that she had managed to create her own little business in order to support herself made her parents fully accept her to live with them in the family home. For

informants who had their children, more recently it was not easy to gain acceptance from their parents and they were often experiencing some negativity in their homes. Farajah (19) says: *“Before my pregnancy my parents were more kind to me, right now I feel that my parents don’t care much about me anymore”* (19B16ME).

Relationship with friends

Peer support is significant for young mothers to cope with pregnancy and motherhood, however young mothers often struggle to maintain their peer relations after giving birth (DeVito, 2010). It was not easy for the informants to maintain friendships. This was partly because they faced judgmental attitude from their friends, but also because they no longer had the same freedom and time to spend time with their friends. Some informants described that they miss the time when they were able to go and spend time with their friends. Most of the informants described having lost their friends after getting pregnant. This was because social stigma around pregnancy outside marriage is so strong that it is not acceptable to be seen to hang out with pregnant girls. The pregnant girls are often defined as “bad girls”. Therefore, the girls who want to keep their good reputation in the village should not be spending time with pregnant unmarried girls. Vivian (19) says: *“Some old friends from school, family members, and neighbors were talking negatively to me when I was pregnant. That’s when I decided to just not to have any friends”* (13B17ME). Some informants were disappointed that their friends did not support them enough and were hoping that they would have been more understanding of their situation. The loss of friends caused many of the informants to feel loneliness and sadness. Some informants had bad experiences in school after their pregnancy was revealed. Brenda (21) says her relationship with her friends has changed. She says before she was always at school with her friends. Since she is not going to school anymore, she doesn’t have much friends to spend time with. Brenda says that she feels that some of her friends were pretending to like her, but were then talking bad about her behind her back. Some informants, like Glory (20) had managed to make new friends that were also mothers: *“Situation with friends is difficult, like some of my friends still talk to me and I have some good friends, but now that I have become a mother many of my friends stay far away from me (-), but I still feel like I have enough friends now. I have made new friends that are also mothers”* (01B17ME).

A majority of the shelter home informants described similar situation as the mothers in Meru. Judith (16) states: *“My friends left me when they heard about the pregnancy because they were ashamed. That’s why I have no friends in my home village anymore. Now I am just alone”* (15B15AR2). Similarly, Sophia (17) explains: *“My friends didn’t want to be seen around me anymore after that, they just went away and left me alone. I lost all contact with my old friends”* (17B16AR2). Moreover, the gender expectations were preventing some of the shelter home informants to have many friends in the first place. Margaret (23) says that she didn’t have many friends in her home village, because her parents didn’t allow her to go out as she was expected to do household chores all day. She didn’t continue her education after last year of primary school (standard 7), as her parents didn’t have the money to pay the fees and they wished she would stay home. This affected her a lot, as she says she had no friends at her home place, who could have supported her. Shelter home informants have a complicated relationship with the other mothers living in the shelter. The mothers who had managed to build a friendship with another mother in the shelter were feeling more confident to stay at the shelter. While others described that they did not make any friends with the other shelter home mothers and described even mistrust among the mothers. The ones who had just arrived to the shelter were hoping to find some friends who they could share everyday things with.

Relationship with the father of the child

The informants were overall reluctant to give out much information about the father of their children. The relationships with them brought up feelings of disappointment and anger for most of the informants which was clearly visible in the tone of their voice and expressions. They were reluctant to tell anything about their past relations with the child’s father or who the father is. The father of the child was rarely present in the lives of the informants and therefore wasn’t a significant part of the support networks of the informants. Some fathers had refused to declare that they were the father of the child, which caused frustration in the informants. The fathers who didn’t declare their children were not legally responsible to give any support to their children. This supports the findings of Ringsted (2004) from the Tanga region, who states that it is hard for young mothers to make the father take any legal responsibility of their child. Less than half of the informants in Meru stated, that they still have contact with the father of the child. In most cases the reaction of the father of the child to the pregnancy was negative and led to the end of the

relationship. The fathers who had accepted the child as theirs had some very limited contact with the informants. Some of the fathers that had been missing during pregnancy, had later returned. However, the contact with the fathers who had returned was very limited and left the informants frustrated.

Moreover, two of the informants in Meru told that they were still together in a relationship with the father of their child. These women expressed proudness that they had men who take at least some responsibility for their child. Joyce (20) describes that even though she is living with her parents, she feels that she is still in relationship with the baby's father, as he is helping them sometimes when he brings her food, clothes and money. Therefore, the man had also stayed in good terms with Joyce's family, who then accepted the pregnancy and child. Another informant Grace (19) tells, that the father of her child took the news about pregnancy well and that she moved to his home after giving birth to their child. They then got married when the baby was a few months old. Her husband had since then moved to another place, where he is rumored to have another family. Grace says that despite her husband living away he still gives them everything, like a big house, money and land for farming.

Only two informants in Meru had been able to create any kind of contact with the man's parents, because often the man didn't tell his parents about the pregnancy as Brenda (23) says: "*He didn't tell his family that he made a girl pregnant so his family doesn't know about that and that is why I can't get any support from them*" (14B19ME). Since it is illegal in Tanzania to make a school girl pregnant, girls are usually hesitant to tell any information about the man they had sex with, especially in cases where the baby's father is older than them (CRH, 2013 & Ringsted, 2004). Sometimes pregnant girls face threats from their families to reveal who the man is, because the families want the man to take responsibility. This probably affected why the informants were very careful not to give any information about the father of their children. However, some of the informants had told their parents who the man was after the parents had gotten angry. Gladness (23), says that her grandmother demanded to speak with the man's family and she went to their home to say that he needs to take responsibility of the pregnancy. After that, the paternal grandfather started to help in taking care of her child.

Furthermore, the father of the children were completely missing from the lives of the shelter home mothers. The men had refused the pregnancies and hadn't offered any kind of help

for the informants. Some of the father's hadn't even met their children as they had left before the child was born. They also had no contact with the family of the child's father. Sometimes the informants said that the father of the baby became very angry once they were told about the pregnancy as Anna (18) describes: *"When I told him he refused it completely, after our discussion he told me if I continue my pregnancy, he will kill me"* (16B16AR2).

5.1.2 Different forms of support in the lives of young single mothers

Emotional support

The meaning of emotional support was highlighted in the informant's stories, especially among the mothers in Meru. Overall, all the informants both in Meru and in shelter homes described that getting emotional support had been hard for them especially during pregnancy. While talking about emotional support many informants were clearly expressing sadness, and described of having felt lonely during pregnancy, because of the lack of support. However, usually all the informants, especially in Meru had been able to find someone who had emotionally supported them.

The role of female relatives as a source of emotional support has become evident. This corresponds with the findings of Taplin (2009) among the young mothers of Mozambique, who argues that the female relatives are important sources of emotional and informational support. The role of girls own mother is considered significant in the coping experiences of young mothers as well as creating positive adjustment to motherhood. Young mothers who receive support from their own mothers are generally coping better and seeing motherhood more positive (DeVito, 2010). In the case of informants in Meru, few had already lost contact with their mothers by the time they got pregnant. However, all the informants who were still living with their mothers, named her as the most important source of support for them. Having a supportive mother, who had accepted the pregnancy, worked as a protective factor and was significant for the resilience of the informants. The mothers who had come around and accepted the pregnancy, became important source of support for their daughters. They were rarely capable of giving much financial support for their daughter, because of their own financial situation, but the informants considered their mothers as an important source of emotional support. In some cases, the informant's mothers also

gave their daughters encouragement on how to manage with the sadness and fear that the pregnancy caused for many of the informants..

Only one shelter home informant Rosie (18), had managed to keep her relationship with her mother after she had given birth. She describes that she continued to stay with her mother during the pregnancy and that her mother was a big support for her during that time, even though they were very poor and sometimes didn't have enough money for food. Rosie says that her mother supported her with all the things that she needed until the baby was born, but after that it was too hard for her to continue to support them. Therefore, when they heard about the shelter home, they decided it was best for Rosie to go there. She says even though she is not in contact with her mother that much anymore, she still feels that her mother is the one who makes her feel better when she is feeling hopeless about her situation. Her mother has been the biggest emotional support for her. Rosie says: *"my mother tells me not to worry, that there is day when you get where you want to be"* (18B15AR2).

The informant's mothers in Meru were also sharing the work load of taking care of the child together with the informants. This form of collective parenting is a common form of childrearing in Tanzania and African societies (Richter & Morrell, 2008). Some mothers of the informants participated in collective parenting mainly by offering childcare help, while her daughter is looking for job or studying. Brenda (21) says that even her mother reacted badly to the pregnancy; however, she eventually changed her mind and supported her. Brenda says: *"Sometimes my mom looks after her (the baby) for somedays when I am not here, because sometimes for a day or two I go to try to do some jobs, so that's when she helps. She has been looking for help for me and the baby (-) She has been the most supportive person in my life, definitely her, and only her"* (14B19ME). This was a significant form of support for the informants who received it, as it made it possible for the informants to gain some income and education, which is otherwise not possible as there are no formal childcare options available in Meru. The informants who received childcare help from their mothers were able to attend vocational training course and were feeling more confident about their future plans.

Moreover, other female relatives, such as sisters, aunts and grandmothers also came up as important sources of emotional support for the informants. Grandmothers (*bibi*) were important source of emotional support by giving encouragement to the informants who didn't have their own

mother. The informants in Meru who were living with their grandparents, had usually formed a close relationship with their grandmother, who had taken a role of mother in the family and often raised the informants since childhood. Grandmothers were rarely able to give out financial help for the informants, but just like mothers their role of giving emotional support for the informants was significant. Gladness (23) describes that her grandmother (*Bibi*) has been the strength in her life, after she lost her parents when she was a baby. She says: *“My Bibi has helped me with everything. She helps me with the baby and makes sure I have everything. Our relationship hasn’t changed since I became pregnant. She is getting very old, but I feel like we are as close as before”* (04B19ME).

In addition to female relatives, female friends also formed an important source of emotional support for the informants. The informants who had managed to keep a supportive friendship with someone described it being important source of support. Brenda (21) says: *“My friends don’t really help me out with money or looking after the baby, they are just there to hang out and talk to. They just help me feel good, like they give me encouraging words when I need them. This includes my best friend is the one who is the one who listens to me the most and tells me what to do”* (14B19ME). Friends were often not able to give out financial support, as they were young themselves, but what came evident was the need for emotionally supportive friends in the informant’s lives. Glory (20) says: *“they [friends] come here to visit me and my baby, which has been good for me. It makes me very happy”* (01B17ME).

Many of the shelter informants told that they felt like they were not getting enough emotional support, as they didn’t have many friends. For some informants the shelter home became a place where they had managed to make some friends which helped them in their everyday lives, like Anna (18) says: *“someone who lives here, she gives me courage. We listen to each other’s problems and worries.”* (16B16AR2). For the informants in the shelter home who hadn’t received much emotional support in the past, the shelter home formed an important place of emotional support and guidance. Sophia (17) says that the shelter home became an important place for her and she is feeling much more hopeful about the future now than before. She says: *“Here I feel much better because they tell me that everything is going to be okay... Before, I didn’t have anyone who would help me when I was feeling lonely”* (17B16AR2).

A majority of the informants said that they had received no emotional support from the father of their children. Only two of the informants said that they received some encouragement from the father of the children. Grace (19) says that he supported her emotionally when she was feeling sad:” *After I gave birth, he started helping us with money and he encouraged me to handle things. Then I moved to his house and I stay here to look after our daughter while he is away working*” (02B17ME). Farajah (17) also says that she feels that the baby’s father was encouraging her to keep going after she got pregnant. She says that it was important for her that someone was telling her how to handle things, because she was getting very little support from her family. She says that despite being no longer together, she keeps in contact with him and he visits sometimes.

Sometimes the informants were able to find someone outside the family who gave them encouragement and emotional support. Gladness (23) describes that a person who helped her a lot was a pastor at her church. She says: “*There was a pastor that helped me a lot during difficult times. He came to visit me when I had given birth and he gave me lot of emotional and spiritual support. He also brought gifts to my baby when he visited, but sadly, now he has already passed away, so I don’t see him anymore*” (04B19ME).

Economic capital and financial support

Family was the main source of economic capital (financial resources of cash and kind) for all of the informants in Meru. Majority of the informants were completely dependent on their family support in order to be able to look after their own child. This was because most of the informants weren’t earning any income. Two of the informants were working in the village and making some money for themselves. One informant was working in a small hardware store in the village, while other one was running her own business of selling clothes. Only these two informants were gaining regular income and were feeling that they are able to look after their children more independently. Some informants were occasionally making some money by selling vegetables or chapatti bread, but were mostly dependent on their parents or grandparents for financial help. The informant’s families were mainly relying on income from small-scale farming in the village, which rarely was enough money to fill the needs of the whole family. Some of the siblings or uncles of the informants were working in nearby towns and occasionally sending money to their families. This working in the city and sending remittances home corresponds with the previous research done among Meru (Larsson, 2001).

While the women in the family offered the informants mainly encouragement and advice, the men of the family often were the ones giving financial support. This was especially the case in two parent families, where the informants described that father, brothers, and uncles were the ones who were giving financial support and basic necessities. This was mainly because men are more likely to have formal jobs and therefore, they are the ones in charge of income in the families. Glory (20) says: *“My uncles from mother’s side have been the ones that are financially helping us and our family”* (01B17ME). Often the women in the family had to ask financial assistance from the male in the family as Brenda (21) says: *“If we really need money my mother calls his brothers to ask for money. I think if she gets enough money, she will send me back to school”* (14B19ME).

The financial support was, however very occasional and some of the informants hoped that they would get more financial help. The informants struggled to buy the necessary things for their child and because of limited resources they felt that they were not able to do much in their everyday life. Some of the informants considered support as something extra that was additional to their everyday needs. This includes having a home to live in and food to eat, while the families tend to think that the home and food is all they need. The informants were wishing that they could become less dependent on their families and have more money for themselves so that they can take care of their own children without their family’s help. Vivian (19) says: *“Money is always a problem because I don’t have enough to buy things for my baby, so I need to rely on other people helping me. Sometimes I make chapatti and sell it or I try to find small jobs to make a little bit”* (13B17ME). The informants who were making some money before they got pregnant were explaining that since becoming a mother it has become harder to find ways to make some income. Farajah (17) tells: *“That time I had a small business on my own where I bought plantains, took them down to the market and sold them to get some money. At the moment because of my small child I can’t no longer do that work, so I have no money”* (19B16ME).

Few of the informants were receiving some tangible support from the father of the child such as food, clothes, and supplies for the baby. Very rarely the father of the child was giving any money to the informants. Glory (20), tells that the father of her child came to visit few times in the past three years, and she kept in contact with him until recently. Sometimes he brought the child some food and clothes, but because he was unemployed, he couldn’t give her any money. Gladness

was receiving financial help from the paternal grandparents of her child. She says that the paternal grandfather has since then been a big support for her by giving her money and food and looking after the child from time to time. Similarly, Maureen (20) also received support from her child's paternal grandfather as she lived with him during pregnancy. This was only possible, because the man had told his parents about the pregnancy, which was not the case for most informants.

The shelter home informants did not have any source of income, as their families were not giving them any financial support. The informants described that sometimes they receive a small gifts for their child, but mostly they were not in contact with family. Therefore, they were dependent on the tangible support they received from the shelter homes. This included a bed, food, training course and some supplies for their babies. Many of the informants were grateful of the support that they were receiving, but especially the ones who had stayed in the shelter for long time expressed some frustration. This was because they were not allowed to go outside the shelter freely and they were not receiving any money which they could use. Therefore, they felt that they were really dependent on the shelter for all the support they needed.

Cultural capital and informational support

In this study I refer to cultural capital as personal knowledge and educational qualifications based on Ahorlu (et.al 2015) simplified definition of Bourdieu's cultural capital concept. These are seen as one important aspect for individual to develop competence to adapt. Unlike, the economic resources, which were relatively similar for all of the informants, cultural capital resources varied among the informants. It is important to notice that both economic and cultural capital were strongly tied to social capital. The possibility that the informants could continue education was largely dependent on their family's economic resources. Furthermore, if the informant was able to receive economic resources from someone to continue education, then the informants required someone in their social networks to look after their child, so they can continue education. Moreover, the education of the informants was tied to the fact how important their parents saw their education and whether they were willing to pay for it. This was especially the case of shelter home informants who reported that their parents had not seen that education was that important. The education of the informants varied, but in general all the mothers in Meru (apart from one) had attended secondary school, and three of them had graduated secondary school. Out of the shelter home informants all had attended primary school, but only three had graduated.

Half of the girls had left school, because there was no one who could pay for their school fees, while others had dropped out, because they got pregnant. However, all the shelter home informants were now receiving vocational education paid by the shelter home, which was not the case of the informants in Meru out of which only three mentioned that they were continuing their education in vocational training. Therefore, most of the informants in Meru were stay at home mothers.

The knowledge about sexual- and reproductive health issues was low among the informants. Overall, the informants did not have much knowledge about these before they got pregnant. The information about pregnancy was limited, mainly because all the informants described that the sex education at school had been either bad or non-existent. Moreover, because of the taboo of sexuality of girls, parents were also reluctant to speak anything that is related to sex with their daughters. Therefore, the informants had gained their information mostly from friends or from school. The informants in the shelter home were receiving some family planning classes that were arranged by volunteers. All the informants agreed that there should be more information regarding sex and pregnancy in schools. Imani (19) says: *“There were classes in my school about sex and birth control, but really I think that what they teach is not enough (-). The teachers should care more and give more time to teach these things to us”* (20B17ME). The informants experienced some frustration, while explaining that the teachers are not teaching things about pregnancy and birth control. Some informants described that it was because the teachers were too ashamed to speak out loud about these issues. Glory (20) says: *“in our school there was a class about family planning to warn us about pregnancy, but sometimes the teachers are so shy to tell us about these things (-) They just told us be careful not to get pregnant while you are on school holiday”* (01B17ME). Only three of the informants had graduated secondary school and the informants who hadn’t finished secondary school had less information about pregnancy and sex. They suspected that sex education classes are only included in the Form 3 and 4 curriculum (last years of secondary school) and therefore they hadn’t heard about these topics. Overall, the informants in Meru had more knowledge about how to prevent pregnancy, than the girls in shelter homes who had lower education and who came from rural villages. Shelter home informant Margaret (23) says: *“I think it’s best to teach young girls how they can protect themselves from pregnancy. In my school there was no proper classes of these topics ever”* (08B20AR1).

In addition to emotional support, the importance of informational support, mostly advices were highlighted in the informant's stories. This was because many of the informants described that when they got pregnant, they didn't have much knowledge about pregnancy or raising a child. Therefore, the advices that were given to them were important in their adaptation to pregnancy and motherhood. Just like emotional support, informational support was also mainly received from female relatives such as mothers, grandmothers and aunts who were mothers themselves. The informants who had their own mothers, informed that they were an important form of advice for them. Rosie (18) says: *"Advices that my mother have given me has been so important for me. Just advices like how to continue with life after getting pregnant so young."* (18B15AR2). The informant's mothers shared with their daughters the knowledge they themselves had on what it is like to be pregnant and how to look after a child. Some of the informants told that before they became mothers, they didn't know what it is like to look after a baby. Similar knowledge was also shared by sisters and aunts of the informants. Imani (19) says: *"The help I have gotten from my sister and mother made me feel like I can be good mother, it is because of their advice I will know what to do"* (20B17ME). Moreover, Sophia (17) describes: *"Sometimes I go see my sister to ask for advice. Then she tells me good things how to keep on going with life"* (17B16AR2). The female relatives shared the experiences of childbirth and mothering with the informants, which they considered as very important source of support for them. This was especially during pregnancy, when the informants felt like they needed advice on knowing what kind of changes will happen in their bodies. 17-year old Zawadi describes that she was happy that her aunt came with her to the clinic to the antenatal checkup and childbirth. She tells that her aunt waited her at the hospital and didn't leave her until she had given birth. Her aunt was sharing her own experiences and telling her what it is like to give birth and be a mother, which made Zawadi more comfortable when she was pregnant. Similarly Catherine (19) says: *"Mostly my aunt has helped me by giving me advice, telling me things I didn't know, but also telling me I should go to school and continue to study to follow my dream.(-). She also told me how it is to look after a baby."* (10B18AR1). Moreover, the advise that female relatives give hope to the informants to continue to go forward. Vivian (19) describes: *"When I was pregnant, I was thinking to take poison and kill me and the baby. I was so hopeless. But my grandma told me not to do it. She said to me that things will get better after I have my baby. I have listened her advice"* (13B17ME).

Furthermore, another source of advice for the informants were friends. The friends were highlighted as someone who informants can discuss topics that are hard to discuss with anyone else. This is similar to the findings of Taplin (2009) who argues that support from friends is significant for young mothers, as friends are often asked for advice, which young mothers would be nervous to ask elsewhere. Farajah (17) tells: *“Sometimes during pregnancy I felt so much loneliness and stress that I wanted to do an abortion, but there were also times when I felt like I want to keep the baby. My good friend Pendo ⁴gave me advise in those times, and that’s why I decided not to do it”* (19B16ME).

Sometimes, the informants who didn’t get much advice or encouragement from family were able to find it somewhere else. Receiving advice was not self-evident for the informants, because of many of their family members being resentful towards them. Maureen (20) says that she found support from an unexpected place, when she was kicked out of school when she got pregnant. She says: *“There was a teacher in school who was nice to me after they knew. She gave me some advice on what to do next. She told me not to give up and that everyone must face some challenges in life. After I left the school, I have still stayed in contact with her and she gives me advice”* (03B18ME). Maureen explains that this support of the teacher became significant for her as she didn’t have anyone else to turn to when she was feeling insecure. She says that even though the baby’s paternal grandfather gave her everything she needed during her pregnancy, she wasn’t receiving any advice or encouragement from him. Similarly, one of the shelter home informants Margaret (23) received advice from an unexpected place as well. Margaret says that she originally came to Arusha to look for a job after she got pregnant, because her parents were furious at her. Margaret started working as a house girl “*dada*” for one family in town. After leaving her home a couple of years ago she hasn’t been in contact with her parents anymore. Margaret says that being a mother has been hard on her, as she doesn’t have her own mother to show her how to do things. She said that when she had a baby, she didn’t know how she is supposed to take care of him. However, the woman who she was working for was kind and advised her how to look after her own health and what she should know about babies. This was significant for Margaret, because

⁴ Name changed

especially the shelter home informants did not know much about child caring before they became mothers themselves.

Moreover, some of the informants mentioned health care staff as important sources of advice for them. However, this source of advice varied a lot, while other informants described that it was very helpful for them to learn new things at the health clinic while others said that they faced discrimination at the health clinic (see chapter 5.2.2). Brenda (21), describes that she received advices from the clinic: *“I went there (clinic) many times when I was pregnant, I found it very helpful, because they told me lot about the pregnancy, like that I should eat fruits and healthy things. The doctor told me to exercise when I am pregnant like walk around to keep my health good”* (14B19ME). The informants who had positive experience at the health clinic say that the knowledge they received from there regarding their own- and baby’s health was important for them. Gaining knowledge made some of the informants feel more confident. Shelter home informant Margaret (23) describes her experience at the clinic by stating: *“I felt good when I visited the clinic (-) They [nurses] told me many things, they said not to go with these guys on the streets flirting with girls. They also advised me how to take care of my health, like what to eat and what happens during pregnancy and birth. This made me feel more confident”* (08B20AR1).

5.1.3 Meaning of resources for positive adaptation of young single mothers

The resources that the young mother in this study had in their disposal had various affects on the capacities of informants to adapt to pregnancy and motherhood. Therefore, the informants also developed different level of competence to manage with their life situation. The resources that the informants were dependent on each other. The financial and cultural capital that the informants had were strongly tied to their social capital. The meaning of *social capital* on resilience was highlighted in the results, as the informants with more social networks showed that they had developed more competence to manage with pregnancy and motherhood. The informants who had managed to maintain at least some of their social support networks after pregnancy were showing more positive adaptation to motherhood and were speaking more positively about their mothering experiences and their children. Family support was the most significant source of support for majority of the informants and the amount of support the informants received from their families became significant for their adaptation. The mothers who received both emotional, informational,

and financial support from their family showed the best adaptation to motherhood. These informants usually had stable two parent families and some level of support from extended family such as grandparents, aunts and uncles. The informants with stable financial support experienced having less challenges regarding everyday life. Moreover, emotional and informational support had a positive impact on the psychological coping of the individuals. Emotional and informational support received from family diminished stress for the informants and therefore increased their competence. Imani (20) explains that she doesn't feel that she has had that many challenges, because her family has always been supporting her. She says: *"I don't feel that I have been that stressed or lonely. I still live with my family so I have people around me all the time (-) My family and friends help me to deal with stress if I feel it"* (20B17ME)

The resources that the mothers in Meru had were different compared to the shelter home mothers. Not only the mothers in Meru had more extensive support networks, they also had more financial stability and emotional support compared to the shelter home mothers. This was because the mothers in Meru had managed to negotiate their stay in the family home with their children and were therefore receiving continuous support. Moreover, in the time of pregnancy, even one supportive person in the informant's life became important for increasing resilience, because that was the time when most of the informants said they were struggling to receive any kind of support. All the informants in Meru had managed to maintain relationships with someone in the time of their pregnancy who supported them. The informants in Meru had received much more emotional support during pregnancy compared to the mothers in the shelter home. This was because the informants in Meru had contact with female relatives and friends that gave emotional support. Most informants described their own mothers and friends as the most important source of emotional support. Glory (20) says: *"When my mother, friends and uncles help me to raise my child it makes me feel so good to have some support. That makes me feel more confident as a mother when I get help"*. (01B17ME). Sometimes support was received from someone who had been in the similar situation as Vivian (19) says: *"I got emotional support from my friend, because that time my friend was also having a baby. We shared things together and cared for each other. We still share things together like tell each other how to look after our babies. (-) Sometimes I was thinking bad things in my mind, but I got some advice which gave me hope."* (13B19ME). Being able to share her experience with someone was significant for Vivian, as she felt that through that

she was not only being understood of her situation, but also gaining useful knowledge about child caring.

The informant's families formed a mixed group of support networks. Therefore, if the informants were not able to receive support from their parents or grandparents, they often described of asking support from aunts and uncles, even if they lived far from them. In the informant's stories the families operate as a protective factors against difficulties and were enhancing their coping especially during motherhood, when they had less difficulty in getting support from their families. However, it became evident that during pregnancy, many of the informants in Meru struggle to receive support from their family. Therefore, in time of pregnancy some families operated more as constraining factors than protective factors in building resilience. The families of some informants negatively influenced the coping of the informant during the pregnancy. This was mainly because the stigma around unmarried teenage mothers in the villages is persistent and greatly influenced how the families reacted to pregnancy and what kind of support, they were willing to give to the informants during the pregnancy.

Furthermore, peer support was highlighted at the informant's stories, as friends offered an important source of emotional support for the informants who had managed to maintain their friendships after pregnancy. Again, the mothers in Meru had managed to keep their friendships or make new friends, better than the mothers in the shelter home. These friends became significant for the adaptation as they offered caring, encouragement, and advices in times of need. The meaning of emotional support became evident in the informant's stories, and the informants that had one person who they were gaining love and empathy was significant for their experiences. Unlike the informants in Meru, who had lived most of their life in the same village, and had strong ties with the people there, the shelter home informants often did not know many people outside the shelter. Therefore, they did not have much contact with the outside world, which affected the ways they were adapting to motherhood. They were fully relying on the support that they received from the workers in the shelter home and the other mothers living there. However, the informants in the shelter home did not describe to have that strong bond with the other mothers who they were living with. Instead they often described that they "were alone" and they had to manage alone. The informants also didn't use the word friend, when talking about the other mothers at the shelter. Some informants however described that they had found someone in the shelter that they had made

friends with, which in turn made them feel that they had someone to share their lives with. Margaret (23) says: “*When she [friend] helps me here it has given me hope that I can look after my daughter*” (08B20AR1).

The informal support that the informants received increased their competence. Mothers in Meru had more access to *cultural capital* compared to the mothers in shelter homes. Mothers in Meru gained knowledge about childbirth and -caring through the other mothers of their kin, such as their own mothers, aunts, and grandmothers. This knowledge was significant for the informants to increase their competence as it helped them to gain more knowledge and skills that were significant in looking after themselves during pregnancy and their child during motherhood. Even though, the shelter home mothers had each other to share experiences, they did not have their kin to share knowledge with them or participate in collective parenting. Moreover, the mothers in Meru had more knowledge about sexual- and reproductive issues than the mothers in shelter homes. The knowledge that the informants had about sexual and reproductive issues, depended on their level of education as the girls with higher education had had better access to this information. Furthermore, the informants who were more educated were also the ones who were more likely to seek for reproductive health services such as contraception later (see chapter 5.2.2.). They had more knowledge where to look for birth control and knowing how to use it compared to the shelter home mothers. Furthermore, the mothers who received proper care from health professionals during pregnancy were most prepared for the child birth and understood the needs that a baby has. However, it was common that especially the shelter home mothers, but also some of the mothers in Meru did not attend to a sufficient amount of prenatal checkups. Therefore, only the mothers who went many times and received good care described it to have been useful for them.

Moreover, the meaning of *economic capital* for resilience became evident. The informants with the low economic resources prevented them to have access to cultural capital such as education. Also, low economic resources caused several challenges for the informants especially in the motherhood period. The informants who managed to gain economic help from many different family members had most stable sources of financial help. The informants who had managed to get employed, had most stable income sources. Glory (20) who had started her own business was speaking proudly about her achievements and describing herself as an “entrepreneur”. Her business had made her less dependent on her family’s support. By Glory

having her own business, it was not only a source of income, but also highly impacted her confidence. She described of having learned many new skills about how to run a business. She was feeling proud that she can manage to look after her own child. Since opening her business, she was also feeling more confident in her role as a mother.

Supportive relations help the informants to develop their knowledge on children and how to look after them. Moreover, supportive relations especially with family, fosters emotional growth and more positive outlook on future for the young mothers (Collins, 2010). The informants with the most support were the most positive about their future opportunities. Glory (20) describes: *“In future, maybe next year I want to return to school so I can learn English because it’s the language of business. I wish to learn that and computer studies, that I could make my own business grow bigger.”* (01B17ME). The informants in Meru, who had the support of their family were feeling confident that in the future their family will send them to school. The main aspiration for a majority of the informants only was that they could return to school in the future, so they can increase their skills. Imani (19) says: *“I want to study to become a tailor. I just want to continue that and when I complete tailoring school, I want to make a business and succeed in that”* (20B17ME)

Despite challenging conditions, many of the mothers in this study had developed competence to adjust to their changed livelihood situation and they had positively adapted to being mothers (more in chapter 5.3.3). The informants that had received most support overall expressed more positive view towards motherhood compared to the informants that had limited support networks. These mothers, mostly in Meru were also showing more affection towards their children who were present at the time of the interviews, unlike in the shelter home, where some mothers were relatively passive towards their children. Receiving support increases competence also by increasing self-confidence of the mothers. Some of the informants expressed that the support they had received had helped them to realize that they can be good mothers. Again, the emotional support and advice was significant for the informants to feel more confident of their roles as mothers. Irene (20) says: *“when someone has supported me with something, like it just makes me feel that I can actually do this that I can be a good mother”* (07B19ME). Similarly, Angel (18) says: *“I feel that because my family has been kind and supportive to me, I have become a better mother. I feel like now I have more confidence”* (12B18ME). Moreover, the informants who had managed to create relationships with the family of the father of their children had expanded their

support networks and were therefore receiving more support than other informants who didn't have any contact with the man's family. This had increased the number of people the informants were getting support from and made these informants feel more confident. Maureen (23) says about the help she received from the paternal grandfather of her child: *"The only person that helped a lot was the grandfather of my baby. When he helped it made me feel more confident because that time was not fully confident on becoming a mother. I feel that it really helped me and encouraged me"* (03B18ME).

5.2 Social discourses of gender and sexuality as constraining factors for resilience during pregnancy

Capacities of a person is dependable in the structures of the society which determines, which kind of resources a person has on her disposal (Obrist et al, 2010). The environment where individual lives is very influential on the resilience processes. It can either work as a buffer against negative impacts of the adversity or it can on the other hand worsen the negative impact on the individual (Kumpfer, 2002). It became evident that the stigma towards unmarried pregnant women was persistent in the lives of the informants. All the informants, both from the shelter home and Meru described to have faced discrimination from their families, friends, and community during their pregnancy. Moreover, some described having difficulty in attending healthcare because of the discrimination in health services regarding reproductive health. It is important to examine how the social discourses influence the adaptation and competence of the young mothers during pregnancy and motherhood. Obrist (et al, 2010) argues, that gender is central to resilience as it influences the norms in societies and operates as a principle of social organizations.

5.2.1 Punishing pregnancy

The informants faced a lot of discrimination during the time they got pregnant. This was because they had acted against the socially accepted norms of sexuality in their communities. Overall, in Tanzania sexual relations outside marriage are not seen as appropriate for women, specifically for girls. Girls are expected to keep their virginity until marriage and not to cause shame to the family by having sexual relations (Haram, 2005.) The informants in this study had however gotten pregnant unmarried and unplanned. They were therefore defined as "bad girls" by their communities. Most of the informants suffered from this "bad girl" label during their whole pregnancy. This corresponds with the findings of Tanner (2013), and Maluli and Bali (2014), who

argue that the labeling of pregnant girls as, “bad” and “immoral” is common phenomena. Margaret (23) says: *“They said all kinds of bad things about me. You had sex and you see now you got pregnant so you can only blame yourself. They say I won’t get anywhere in life that I will only sit on the streets.”* (08B20AR1).

Some families, especially in Meru had also used a lot of their resources in educating their daughter. Even though government secondary schools in Tanzania are free, it became evident that this is not actually the case, as the students are expected to pay money for extra costs like uniforms, books and supplies. Therefore, the student’s family must pay for their child to enter school. The families whose daughter was still in school during the pregnancy were furious because they had invested in their daughter's education. The comments were tied to studies especially for the informants who were still in school during their pregnancy. Anna (18) says: *“People see it that if you are still studying and get pregnant all your dreams are gone”* (16B16AR2). The education opportunities were seen to have been wasted because of the pregnancy. Moreover, Imani (19) says that people in her community were telling her that she should no longer continue her studies, because she needs to stay home and be a good mother to her child. On the other hand, the informants were criticized, because they had lost their education opportunities and they were told to make something out of themselves, while at the same time they were expected to fill the role of right kind of mothers, which includes putting the child above everything else (see more in chapter 5.3.2).

The parents often reacted badly against the pregnancy and as a result punished the informants for their mistakes of getting pregnant, by either cutting of their support or by kicking them out of the home. This was seen necessary as if the parents hadn’t reacted in anyway it would have looked bad to the community. Furthermore, the parents who accepted the situation usually cut off some level of support from their daughter. Some informants stated that they were no longer receiving empathy or same level of caring from their parents as before. Moreover, some informants said that their parents were understanding and not talking bad about them. However, usually there was always someone in the family who was insulting them when they were pregnant. Sometimes even the families were getting insulted by the community. Grace (19) says that her mother who is a single mother herself, had to tolerate a lot of talk from the neighbors. She says: *“They were saying that my mother didn’t teach us properly about how girls should keep their virginity until*

their marriage... even my mother received insults by some people in the neighborhood and because of my sister got pregnant some years after me, the whole community saw us as a bad family.” (02B17ME).

Furthermore, the communities in the villages are closely tied and everyone knows each other, which made it impossible for the informants to hide their pregnancy from the neighbors. This resulted into a situation where some of the informants were sent away from their family home during pregnancy, so it would be less shameful for the family. It was common for the informants to continuously receive insults from the neighbors in the village. Brenda (21) says: *“When I was pregnant they were judging me and saying I brought shame to this community because I was having a baby without being married.”* (14B19ME). The lives of the informants were publicly talked about and criticized by others. Grace (19) explains: *“The society just views girls getting pregnant as a bad thing. Even the government views it bad. The government view and the views of people in the community are the same. The whole society views young girls having babies as a problem”* (02B17ME)

The kind of comments the informants heard from their communities, relatives and friends were often tied to their age and sexuality. The informants state that in their communities think that if a girl is sexually active, she is thought to be like a prostitute (*malaya*) that sleeps around with many men. This corresponds well with the previous study of Haram (1999 & 2005) among Meru. Haram (1999) states that girl’s sexuality is much more questioned and criticized than boy’s sexuality, which was clear in the findings of this study. Vivian (19) says: *“The reason why people talk negatively about the pregnant girls is because they think that those girls are prostitutes, the ones that spend time with many men.”* (13B17ME). Similarly, Maureen (20) says: *“They see young girls getting pregnant as not good people... like they think they just jump from man to man”* (03B18ME). The issue around pregnancy was more tied to the fact that the girls were unmarried rather than to their age. Glory (20) says: *“Before when I was pregnant, some people were gossiping who the baby’s father is, they were guessing which man is the father. Some viewed me as a prostitute”* (01B17ME).

The families do not usually accept that their daughter is having a relationship with a man outside marriage or that young people are engaging in sexual activities. The informants rarely used the word “boyfriend” in their speech as it is commonly not acceptable to have a boyfriend. They

describe the man simply by saying “he” or “father of my child”. This also corresponds with the findings of Haram (1999) who argue that the main importance in organizing sexual relations among Meru youth is to maintain secrecy and by maintaining respectability. Some of the informants stated that their parents didn’t know that they were seeing someone as they were doing it in secrecy. The parents only found out that their daughter had been seeing someone after she had become pregnant. Some of the parents were willing to marry their daughter to the man who impregnated her. They did not see her age as a major problem, but instead the biggest issue was that the pregnancy made her sexual activities outside marriage visible to all. It is common in Tanzania for the women to marry young especially in rural areas. Therefore, many of the informants in their early twenties would have been expected to be married soon. Becoming a single mother however, disrupted any wishes for marriage that the family might have had. Social worker in Arusha says: *“I mean they are expecting something good for her like education and marriage. Pregnancy ends these hopes for the parents”* (Social worker, AR2).

In the informant’s stories pregnancy, was punished and sometimes the informants experienced it hardly. Both the informants in Meru and in the shelter homes were defined by others as both “bad girls” and “bad daughters” during their pregnancy. The community saw that only marriage could have removed the shame of the pregnancy. This corresponds with the findings of Ringsted (2004) from the Tanga region, as she argues, that only marriage can diminish the shame of the pregnant girl’s family. Grace (19) says that after she married the baby’s father she was again accepted in the community. Since the marriage she hasn’t experienced any kind of bad comments from her community, because she became again a respected member by behaving according to the societal norms. In the community it does not matter that her husband doesn’t live with her as long as she is legally married. For Grace, motherhood combined with marriage brought her double respect in comparison to the other mothers interviewed.

Many people in the communities were seeing pregnancy as a punishment for the girl because she had acted “immorally” by having premarital sex. Pregnancy made it clearly visible for everyone and therefore punishment became a part of everyday life for the informants. The norms of sexuality in Tanzania between men and women became evident. The sexuality of unmarried women is seen much more punishable than the sexuality of men. Men are naturally seen to behave “sexually”, while unmarried women are expected to restrain from sex. Furthermore,

men's role in pregnancy was often left unmentioned by most people, as the focus tends to be on the girl and her bad behavior. Men's behavior is seen as bad but somehow more natural, because it's seen as men's natural tendency to have sex. Therefore, their behavior was seen more acceptable, than the behavior of the girl. Similar findings can be found in Haram's (1999 & 2005) study among Meru.

Both the nurse in Meru and the social worker in Arusha, who work with teenage mothers referred to the "sugar daddy" (*buzi*) phenomenon. It refers to girls having sex, usually with older men in exchange for gifts or money. Moreover, they were both sharing a view as girls being irresponsible sexually. A nurse in Meru describes: *"Sometimes the girls have many men, they don't even know who is responsible for the pregnancy (-) the girls enjoy having sex, they don't know what it is to become pregnant. Most girls are stupid, their body wants a man, because sex is enjoyable. Sometimes they get candy for 500 shillings and they have sex"* (Nurse, ME). The idea of girl's *tamaa* (desire) for sex, which has been previously written by Haram (1999) and Mc Clearly-Sills (et al, 2013) corresponds with these findings. Girls are seen to desire sex, because they desire money and gifts. Therefore, their sexual *tamaa* is tied to gift giving and girls are seen to engage in sex only if it is reciprocal. Moreover, girls who get pregnant are described to be somewhat naïve and therefore not knowing about pregnancy. However, all the informants described that they knew that they can get pregnant because of having sex without protection. Therefore, this idea of "naïve girls" who are not knowing what they are doing that often came up in the discussions with people in the community, does not seem to be accurate for the informants in this study. Social worker of the shelter home also refers to the sugar daddy phenomenon and says: *"Girls believe what they [men] tell her and take the gifts and think all is good (-) the father just leaves... they don't take responsibility, they said it's the girls own fault that she got pregnant, not his fault."* (Social worker, AR2). Since informants were reluctant to speak about their relationship with the father of their children it was left unclear if the "sugar daddy" issue had been relevant in their lives or not. However, it was an issue that was raised by the several people in the community.

5.2.2 Gender- and sexuality discourses in health care

The ideas of appropriate sexual behavior for girls were evident also in the health clinics in Meru and the attitudes towards birth control in the communities. The older generation saw the

young people today to have become more sexually active. The social worker experienced her concerns of the youth behavior today. She says: *“Now our culture is going bad, young people are doing this and that. Having sex and getting pregnant. Before it wasn’t like this. Now I think what is happening to our culture, girls should not have sex before marriage, but nowadays they can’t wait until then, they want to do this and that (-) men have no responsibility, they are using the girls and cheating them. They say it is the girl’s mistake”* (Social worker, AR2).

Birth control was an issue that raised lot of discussion in Meru. The informants in Meru were all aware of the birth control methods for women, such as pills and injections. The nurse in Meru describes that it is more normal for women to use the injections for birth control, because injections are hidden methods and therefore there is less risk that the men will know that the woman is using birth control. The nurse states: *“Women often must use birth control in secrecy, because many men in the community wouldn’t allow it.”* (Nurse, ME). Moreover, there seems to be a common believe in Meru especially among older women that the use of birth control pills and injections can cause reproductive cancers. This was also mentioned by some of the informants, as Brenda (21) says: *“The nurses in the hospital were talking a lot about the injections and pills [birth control] that sometimes the injections can cause cancer to women, like sometimes they mess up the women’s period. I got worried about that and now I’m like I say no to that”* (14B19ME).

Many of the informants said that they had thought about using birth control. Most informants told that they hadn’t tried to get birth control before they got pregnant, as they say it would have been too shameful experience. Grace (19) say that she tried on several times to get birth control before she got pregnant, but was declined by three clinics in the area. At Nkoaranga hospital they had told her that she is too young to have birth control, while in the other clinics they advised her to use condoms instead of having other methods of birth control. Moreover, some of the informants had tried to get birth control after their pregnancies, but again faced some challenges regarding their age and marital status. Many informants said that they know where they could go to get birth control as there is many clinics in the nearby villages, but they were often not aware if it was possible for unmarried women to go there. It became evident that the age and unmarried status works as a barrier to access birth control. Irene (20) says: *“It’s all about the age of the girl they are afraid that giving birth control to young girls will encourage them to have sex.”* (07B19ME). Vivian says that two times she tried to go to clinic to ask if she could get some birth

control injections, but they did not want to give it to her, so she stopped trying. She says that girls in the villages are neglected because they cannot access these services. Glory (20) tells: *“If you know someone in the clinic you can receive information and birth control, but it depends mostly on that if you know someone in that clinic that will help you.... if you don’t know anyone working there then you can’t get it [birth control] because you are a young girl”* (01B17ME).

As the sexuality of unmarried girls is seen as a taboo the use of birth control is thought to increase the sexual relations among young people. Social worker in Arusha explains: *“Birth control is the worse. It can make things worse, like I think these pills are against God’s will. It’s not good for them to prevent. Girls should wait until marriage, and then they can have sex. (-) pills won’t protect them from HIV they still get this disease. It is not good”* (Social worker, AR2). The nurse in Meru shares similar ideas of birth control increasing the sex among youth. She states: *“When the young people use birth control, they start to behave more irresponsible. The children should be taught not to have sex at all. Girls have to deny all sex, if they take birth control it doesn’t help with HIV”* (Nurse, ME). The girls are taught to be the ones who had to restrain from sex, because they have the risk of coming pregnant, while men can have sex more freely. Sometimes women also struggle to have a say in use of birth control as the men are making decisions regarding that. The nurse tells: *“We have female condoms, but they are not that common (-) sometimes men ask if the woman is using protection, if yes sometimes they will tell her to take it out”* (Nurse, ME). This corresponds with the findings of Mbelwa and Isangula (2012) and McClearly-Sills (et. al 2013) who state that compared to men, women in Tanzania often have less say regarding who they have sex and how safe it is.

The judgmental attitude of the health personnel regarding the sexuality of unmarried women led to discrimination at the health clinic for some of the informants. As I mentioned previously (chapter 5.1.4.1) while some informants had no problem in receiving care, others like Grace (19) described that they had faced rude and unprofessional attitude once they had gone to check their pregnancy. They faced rudeness because they were attending the clinic alone. Grace says: *“I faced some difficulties there [clinic] at the beginning because some of the staff were asking why I am going alone without my husband. They were asking where my husband is that I need to come with him. But he [baby’s father] didn’t want to go with me there”* (02B17ME). Angel (18) says that she was facing similar problem of rude staff when she visited the clinic in her village.

She says: *“they always expect you to come with a man”* (12B18ME). Sometimes the judgmental attitude of the health personnel caused that the informants were not going to antenatal checkups. Sophia (17) says that in her home village they rejected her first, because she didn’t go with the father of the baby. The nurses were saying insults to her. Due to her bad experience, she then didn’t try to go to clinic until few months later, when she says they finally agreed to check her pregnancy. Moreover, Vivian (18) describes that she tried to go to three clinics, before one took her in and gave her clinic card. She says at that time she was already eight months pregnant before she was accepted to the clinic. For the informants that faced rude attitude at the clinic, it wasn’t a pleasant for them to go there. Imani (19) says: *“At the first time I went they [nurses] were really kind to me, but for some reason when I went there again later, they were mean to me.... I was not feeling comfortable there. They were talking bad about how young girls like me get pregnant... that I should have continued in school”* (20B17ME).

5.2.3 Resisting the gender norms and the “bad talk”

It became evident that the social discourses regarding sexuality and gender roles had a significant impact of the experiences of the young mothers of this study. They operated as constraining factors in the lives of the informant especially during pregnancy. As previously mentioned, (chapter 5.2.1) these gender norms regarding sexuality of girls impacted the reactions of the families to the pregnancy and moreover limited the amount of support that the informants were able to receive during pregnancy from family, friends, and health professionals. It is important to assess how the informants challenged these discourses in their everyday lives to see how they were able to build resilience against them. Even though majority of the informants described that these discourses profoundly impacted their experiences during pregnancy, many also described of having found ways to resist and ignore these comments in their everyday life.

The “bad talk” worked for some informants as a motivator to prove to their families wrong and show them they can become good mothers. Especially the informants in Meru, who lived in their communities the whole time of pregnancy received a lot of negative talk from family members, neighbors, and friends. Therefore, the informants in Meru were keen on showing their community members that despite being single mothers they are capable of looking after their children and be good mothers to them, even when they do not have high education or employment. According to Haram’s previous study (1999 & 2005), single mothers in Meru created new forms

of living as they refused to be controlled by societal norms. This partly corresponds with the finding of this study, since the single mothers in this study were resisting the demands of their community to marry and move out of the family home. The informants in Meru were braking the societal norms and boundaries by continuing living in their family home after childbirth. However, it was clear also that the gender and sexuality norms were strong in the communities and there was no easy way of resisting them as they impacted every aspect of life. Moreover, as I will describe in the next chapter 5.3 motherhood is desirable quality in women's life in Tanzania, therefore norms related to motherhood were not something that the informants were trying actively to resist. Many of the informants resisted the bad talk during pregnancy in their own ways, even when they were not able to stop it from happening. The informants who were resisting the bad talk found strength within themselves to ignore what they we hearing. Maureen (20) describes: *"When I was pregnant people were viewing me and telling that I was not a good girl. That is why I started to focus on my own life and fight for myself so that I can support and provide for my child on my own."* (03B18ME). Similarly, Zawadi (17) says: *"People were horrible to me when I was pregnant. (-). When I went somewhere, they would discuss like "oh that's the girl who drop out of school and is having a baby". They said I have no education or money. (-). Those comments made me feel so hurt, but eventually I had to decide not to listen people but to focus on going forward in my life."* (05B16ME).

The social support worked as a protective factor also against the negative discourses. The informants who had received most support from their families were often most protected from the negative comments and therefore had more competence to resist the negative impacts of the bad talk than informants who had no one to support them. Farajah (19) explains: *"Because my parents accepted the pregnancy and the baby's father claimed that the baby was his, I didn't face problems from the community. For that reason, I haven't heard any bad comments from our neighbor. They left me alone"* (19B16ME). Sometimes family also helped the informants to resist the bad talk. Brenda (21) says that her mother encouraged her to ignore the comments that she was hearing from people. She says: *"They were judging me when I was pregnant, but my mother told me not to listen to the neighbors but to listen to her instead. She gave me hope. So, I didn't care what neighbors were saying or thinking about me anymore"* (14B19ME). The negative experiences of pregnancy had made some informants to realize that they need to "flight" for themselves as they cannot rely only on the support of others. Vivian (19) who faced a lot of bad comments from her

family and community says: *“I decided not to listen to people anymore and just believe myself. (-) I just believed that I need to fight for myself, because no one else will do it.”* (13B17ME). The informants who had found their ways to not let the bad comments affect them reported that once they started to ignore the bad comments they began to feel much better about their situation and that they were less stressed of becoming mothers.

5.3 Motherhood and resilience- empowering and disempowering motherhood

This chapter focuses on analyzing motherhood in the context of Tanzania. The focus is on analyzing, how motherhood is viewed in their communities, how young single mother of this study experience motherhood and most importantly how motherhood works as both constraining and protective factor for the resilience of young mothers in this study.

5.3.1 Community views on young motherhood

What became evident in the results was that the social discourses that were causing a lot of challenges for the informants in pregnancy, were no longer influencing their lives in same way when they became mothers. Becoming a mother meant that the informants again became respectful members of their communities. After becoming mothers the informants stopped receiving negative comments that they had heard during the pregnancy relating to their sexuality and morality. Mothers are highly respected in Tanzanian culture (see next chapter 5.3.2), which showed in a way that even though the informants had broken the accepted social norms by becoming pregnant, as soon as they became “*mamas*” they were seen as more valued members in their communities. Grace (19) says that *“Once the girl has the baby, there is no problem the community has to accept it.”* (02B17ME). Even though some of the informants described that their parents had struggled to forgive them, usually their neighbors and community had stopped talking bad after about the informant once she had become a mother. Brenda (21) says: *“Now people see that I am okay because I am a mother and I interact with them, so I don’t hear that kind of comments so much anymore that I heard when I was pregnant. People accept me as a mother.”* (14B19ME). The informants in Meru especially described that they were accepted as “normal mothers”. Zawadi (17) says that despite her getting pregnant young the community accepts her: *“now when I am a mother my community loves me like normally.”* (05B16ME) Similarly Angel (18) says: *“Now that I have given birth to my babies, and even I am a single mother, people in our community accept me because I am a mother, just like any other mother here in the community.”* (12B18ME). Single

motherhood was not seen as a barrier to the informants to be accepted in the motherhood category in their communities in Meru. This corresponds with the findings of Haram (1999), who argues that even single mothers hold the respected position of mothers, even though they do not fit into the conventional type of motherhood. Rosie (18) says: *“Now that I gave birth, they have to accept me because there is nothing wrong with me anymore.”* (18B15AR2). Since Rosie was told constantly during her pregnancy that she had done a “bad thing”, she herself had also started to consider her pregnancy as something “wrong”. Therefore, she described that once the pregnancy was over she became “normal”. This describes well how much the social discourses affect even the self-perception of the young mothers, as they are constantly reminded during pregnancy that they have done something wrong.

After giving birth some of the informants were receiving positive comments from the people who had previously mistreated them. Maureen (20) says that despite the people being so harsh on her during pregnancy, after she became a mother they then came to tell her *“I was told that it is good that I had a baby so young, because she will grow up fast and she can help me while I am still alive”* (03B18ME). This similar idea was shared by many informants, who actually didn’t see young motherhood as a bad thing, as many of the informants were hopeful that once their children grow up, they will be able to assist them financially which will improve their lives. Glory (20) says: *“When my son grows up, he can become someone big and I can rely on him to help me in the future. That’s the best reward I could get”* (01B17ME).

Moreover, the informants stated that they were praised by some community members because they did not do an abortion. Abortion is a big taboo and punishable by prison in Tanzania (CRH, 2012). Despite abortion being illegal, abortion was described of being something common in the communities and something that came up often in the interviews. Sophia (17) says: *“But now when I have my child, they can’t say anything anymore! (-) There was another girl in my village who got pregnant and did an abortion, so after that people were congratulating me, they said I was good because I didn’t do an abortion”* (17B16AR2). Similarly Glory (20) tells that she heard some comments like that in her community *“I heard some good comments from the neighbors, like that it is a good thing that I didn’t go for abortion, some people accepted me because I decided to keep the baby and carry it for nine months”* (01B17ME). Some of the informants admitted that they had considered abortion when they heard about the pregnancy.

However, majority of the informants brought up feelings of proudness that they had kept their babies. Since abortion is judged in the communities and it is seen to go against Christian values, some of the informants tried their best to highlight that they chose not to do abortion. Rejecting abortion was a way for the informants to be accepted into the community. Jackeline (18) says: *“I didn’t want to abort my baby and I told them it is not a good thing. I wanted to fight to give my baby shelter and all the things my baby needs. So, I decided to keep my baby (-) I used to have one very good friend, but after she advised me to do abortion my view of her has changed. We are no longer friends”* (11B17AR1).

Most of the informants said the punishing of pregnancy ended once they had given birth. The experience of pregnancy and motherhood were therefore in that sense different for the informants. Even though some of the informants were not able to fully fix their relationship with their friends or family members, they described that they were treated better in their communities. Furthermore, even though informants struggled a lot financially to be able to look after their child, they were still able to manage the challenges as they were no longer discriminated by the community. During motherhood the informants were more able to utilize their support networks and get help when needed. Gladness (23) says: *“Before you have given birth and you are a mother you won’t get any help from people”* (04B19ME). After the pregnancy the informants in Meru had managed to re-establish their relationships with their families and therefore were feeling more comfortable in managing with the challenges of single motherhood. The feeling that they were now receiving respect and some support in the community made the informants feel more confident about being mothers. Therefore their competence during motherhood was much better than during pregnancy. Catherine (19) says: *“I see myself as a good mama for my baby and it makes me feel good that now people respect me more than before”* (10B18AR1). Moreover, Imani says: *“It [support] has made me feel that yes I can do this and that I can be a good mother”* (20B17ME).

5.3.2 Sacred motherhood “Before I was just a girl, now I am a mother”

A huge value and respect is placed on mothers in Tanzania, which was also evident in the findings of this study. Motherhood brought a new kind of respect to the informants that they hadn’t experienced before. The informants were proudly placing themselves in the category of mothers, which was seen as much more respected position than “just being a girl”. These findings

corresponds with the findings of Oyewumi (1997, 2000) and Amadiume (1997) who argue that motherhood in Africa holds almost a sacred position and it is the highest form of respect for women. This was true in the informant's stories, as they placed a lot of value and respect on the title "*mama*", which was something that everyone saw as a desirable position. Farajah (17) says "*I am very happy to be called Mama. I have earned more respect from family and community. Now I feel that I am more respected which is different from before.*" (19B16ME).

Oyewumi (2000) argues that unlike in the western patriarchy where mothers are seen subordinate to the father and wives to the husbands, in Africa motherhood should be separated from wifehood. It was clear that the informants in this study gained respect by giving birth to a child even when they were not married. Therefore, being respected as a mother did not require wifehood. However, it also became evident in the stories of the informants that they themselves combined motherhood as a natural part of wifehood. Therefore, I do not completely share the view of Oyewumi (2000) about the division of motherhood and wifehood in African context. Wifehood was something that the informants themselves saw as preferable future goal. Wifehood was obviously also something that the community in Meru saw as a fundamental part of motherhood and a goal for every woman. Therefore, I would argue that in Meru motherhood and wifehood are perceived to go hand in hand. However, the views about marriage were divided among the informants, as some were hoping to marry soon, others were saying that it was not a current topic in their lives. They saw that taking care of their child, studying and finding work were the main issues they need to focus on. Marriage was seen to come after those. Brenda (21) says: "*At this moment I just want to focus on myself and think about the challenges that I am facing; it is not time to focus on men. I need to work hard and go to school to get vocational training. Maybe in the coming year I can find a husband to marry me.*" (14B19ME).

Once the informants had given birth they were no longer viewed as adolescent girls, but women. This corresponds with findings of previous research such as Kelhä (2009) & Haram (1999) who argue that motherhood often works as a milestone to moving into adulthood. However, even though motherhood increased the respect in the community and it was a milestone for the informants to become women, they were not yet fully respected because they were not married mothers and therefore not yet fully women. However, their fertility was proven, which was a way of gaining respect in Meru. Many informants described that they were happy now, because they

knew they can have children, as before they had some concerns if they were going to be able to reproduce. This corresponds with the findings of Akujobi (2011) who argue that motherhood operates as a prerequisite to be accepted in African societies. Imani (19) says: *“The best thing has been to know that I am able to have children. Sometimes women don’t know if they can, but now I know that I can have more children”* (20B17ME). Some of the informants felt relieved that they know that they can have children. They knew that having children is essential part of being a woman in their societies and therefore it was something that they saw as highly important.

5.3.3 Adapting to the “good motherhood”

In the informant’s speech they place themselves from the category of *msichana* (girl) to the category of *mama* (mother). This can be seen as a coping strategy for the informants to gain back self-respect after the humiliating pregnancy experiences. Since the informants didn’t receive any respect during pregnancy, they said that they were happy now as mothers, when they didn’t have to listen to bad talk from everyone. Mariam (22) describes her experience of becoming a mother *“I feel like I have become from small age to big age now. I don’t miss things from the past because I feel like my life is better now than it was before when I was alone. People respect me more now when I am a Mama”* (09B18AR1).

Despite talking openly about the challenges that they have faced during pregnancy and motherhood, the informants were making their best to adapt to the role of “good motherhood” that they saw their society appreciated. Moreover, adapting to the good motherhood was a way for the informants to show their societies that they were able to be good mothers, which was often questioned during the pregnancy. Some of the informants were eager to prove the people in the community that they can support their children and give them a good life. The early years of motherhood had been challenging for all the informants both in Meru and shelter homes. Even though, many of the informants spoke very openly about the financial challenges and the emotional challenges that the bad comments had caused for them, very few expressed regrets of having a child. The informants who expressed regret were often feeling embarrassed of stating this. The community in Meru view pregnancy as a “punishment” for behaving immorally. Therefore, the mothers are not supposed to be showing any signs of regret. The informants were expected to just adapt to their situation and become good mothers. Furthermore, the mothers who did express to have felt regret were not regretting motherhood itself, as all of the informants saw motherhood as

something they wanted anyways, it was the fact that they had become mothers young which made some of the informants to regret. Margaret (23) says: *“I still feel that I was not ready to be a mother, still I love my child. I do love her but I just feel that I was not ready for the challenges this has brought me. It is hard to be a young mother”* (08B20AR1).

Kelhä (2009) states that motherhood is constantly defined and produced through norms and discourses relating to what constitute as a “good mother”. The informants mainly defined good mothering through caregiving, respect and marriage. They saw these as good Christian values that a good mother should have. These motherhood norms were evident in the communities in Meru and some of the informants were reproducing them in their speech. Sophia (17) says: *“A mother is someone who is married and loves her children and husband as well as loves people around her”* (17B16AR2). Moreover, Joyce (20) explains: *“For me a good mother is someone who just looks after her family and stays with one man”* (06B18ME). Gladness explains: *“Mother should teach her kids about God and teach them to respect and love people around them.”* (04B19ME). However, some of the informants expressed concern that they did not yet fill the requirements that they saw constituted a “good” motherhood. This was described mainly by the informants who tied motherhood to wifehood, and therefore they didn’t see the requirements to have been filled yet. Margaret (23) says *“I think a mother should raise her baby with her husband, that she doesn’t have to do it alone”* (08B20AR1). Similarly Sophia (17) describes: *“I feel like I will be a good mother when I will marry, but now I don’t have one (husband) so I don’t think I am a good mother yet.”*(17B16AR2). Moreover, Grace (19) who got married after the birth of her child is proud to have a husband to support her. She highlights the importance of being a wife in her interview. This was even though her husband is not around and was rumored to have another family in the city. Grace speaks about him kindly and is grateful for his support, even though she is aware of the rumors of his other relationship. She also defines good motherhood through wifehood: *“I think the qualities of good mother is to love and respect the husband and to stay only with one husband and not to go with other man. My husband is far away, and I need to look after our goats, our garden and our whole house. I take care of our home.”* (02B17ME). Grace described that before she became a wife and mother her behavior was not acceptable, but now once she had married she defines herself as a more responsible person. She says: *“Once I became a mother, I changed a lot, like before I was doing things that are not acceptable, but now I’m living comfortably married. I know that my life has changed a lot. I think my mind is now wider and I think differently as before*

when I was just a girl.” (02B17ME). On the other hand, Grace is worried of being depended on her husband in order to provide a good life for herself and her daughter. She says that she has never fully accepted that she is dependent on him. She is hoping she can start her own shop in the village to make income so that they can both depend on each other.

This quest for more independence was evident for all the informants. Some informants did not describe good motherhood through wifhood, but through financial independence. Some of the informants felt that until they are financially able to look after their children, they don't feel that they are good mothers yet. Moreover, many of the informants described good motherhood through caring for the children, which was placed as the most important aspect of being a mother. Imani (19) says: *“A mother should take care of the baby and raise her well. To teach him good manners so that when he grows up, he will behave well (-) I am a good mother, I think a mother is someone who provides all the things and I do that”*. Moreover, Zawadi (17) describes: *“I feel like I am a good mother! I think a mother should look after her children well and use polite language towards her and also teach the children to be polite. I can do that.”* (05B16ME). These informants, even though they didn't challenge the good mothering discourses of caring, they questioned the good motherhood only as a part of the wifhood. These mothers often had adapted well to motherhood and saw themselves as good mothers, even when they didn't fit the social requirements of wifhood.

The mothers who had most support had also most positive mothering experience. They described the joy that having their own child has brought to them. Angel (18) who is the most recent mother of the informants says: *“The best thing about being a mother is that I now have babies (twins), they are like a reward from God. I wish I can someday fill the needs of my babies on my own”* (12B18ME). Similarly Vivian says: *“I thank the God's love of how he has blessed me (-)I'm very good mother because I look after my child well”* (13B17ME). Majority of the informants said that they feel happiness when their child is calling them “mama” and that has been the best thing for them since they became mothers. Some informants told that their child had brought them hope and encouragement to move on with life. For majority of the shelter home informants their children were the only family members they had and therefore they became important for the informants to feel less lonely as Jackeline (18) describes: *“I am happy that I have my son here, so that I am no longer alone in my life”* (11B17AR1).

The findings show that despite its many challenges motherhood could show as a positive experience for the informants. How well the mothers in this study had developed competence and positively adapted to motherhood depended on which kind resources they had on their disposal. Unlike, in the time of pregnancy when their social networks (family and community) operated more against their resilience, during motherhood they operated more as protective factor for the young mothers in this study.

In this thesis, I argue that for the mothers in this study, motherhood itself was both a constraining and protective factor for resilience. Motherhood worked as both as a source of empowerment and disempowerment for the informants. The informants described to have gone through many financial and emotional challenges which showed motherhood as disempowering for the informants. The economic hardships caused challenges to adapt to motherhood, especially for the mothers whose support networks were limited. Therefore, for the mothers with limited support, motherhood was constraining factor for resilience. However, on the other hand motherhood was also a source of empowerment for the informants since becoming a mother meant for increased value and respect in the eyes of their communities, which they never had received before. Moreover, having a child reduced their loneliness and made them feel better in hard life situations. For some informants, their child was a source of encouragement and hope. By becoming mothers the informants described that they were viewed as both adults and fully women in their communities. This brought the informants a sense of empowerment. Furthermore, becoming a mother normalized the lives of the informants and diminished the bad memories of pregnancy. Moreover, because motherhood reduced the shame of pregnancy, the informants were better able to access the resources (social-, economic-, and cultural capital) that they had difficulty of accessing before. This is why majority of the mothers in this study, especially in Meru were showing positive adjustment to motherhood. They had utilized the support networks to the best of their abilities and adapted to the role of “mama” as it was a way, they gained respected positions in the communities. However, simultaneously many of the informants were questioning the norms of conventional wifehood and motherhood, and were eager to show that even single mothers can support their children independently. They wanted to gain economic independence by studying and working hard to provide for their children. Therefore, I argue that motherhood increased the competences of the young mothers rather than limited them and as it gave them “power” within their communities, which increased their access to resources and therefore enhanced adaptation.

6. Conclusions

The aim of this research was to analyze the key factors affecting the resilience of young single mothers during pregnancy and motherhood in Meru and in two shelter homes in Arusha. Moreover, this research aimed at examining how social support impacted the resilience processes of single mothers and how the social discourses of gender, sexuality, and motherhood affected their adaptation to pregnancy and motherhood. In order to answer these questions, this research draw from the reproductive resilience framework developed by Ahorlu, Pfeiffer and Obrist (2015), which focuses both on the resources (capitals) and to the constraining and protective factors of resilience in individual's sociodemographic context.

The findings show that the key factors affecting the resilience of single mothers are tied to their resources (social, cultural, and economic capital) which they have at their disposal and to their sociodemographic context, which simultaneously operate as protective and constraining factor for resilience. The findings show that the resources (social-, economic-, and cultural capital) that the informants had on their disposal greatly affects their abilities to adapt and build competence. Especially, the role of social capital in building competence to manage with pregnancy and motherhood became evident. The informants who had more extensive social support networks were more capable in adapting positively to motherhood than mothers with limited social support. This corresponds with the findings of previous studies done with young mothers in Africa (Motjelebe 2009, Van Bercum, 2013 & Gyan et al, 2016) and elsewhere (DeVito, 2010 & Lumino et al, 2016). Furthermore, the findings show that the support the informants were receiving was often gender divided. In the informant's stories, social support was separated into three parts. First, they described emotional support such as encouragement, listening and caring. This was mainly received from the women in the family, such as mothers, grandmothers, sisters and aunts. Second, they described informational support such as advice and suggestions, which was also mainly received from female members of the family. Last, they described financial support, such as financial assistance and material goods. Unlike emotional and informational support, financial support was mostly received from men in the family, who were working and therefore were more likely to be able to support the informants financially than the women in the families.

The economic and cultural capital that the young mothers had were greatly tied to the social capital. The economic capital that the informants had on their use depended on how willing their family was to give them financial support. Similarly, cultural capital that the young mothers had often depended on whether they had the financial and social means of gaining education and knowledge. The mothers in Meru had more access to both economic- and cultural capital, as they had relatively stable home conditions and therefore a family to support them. Moreover, the mothers in Meru had higher education and more knowledge of sexual- and reproductive health issues than the mothers in the shelter homes. The mothers in Meru also had somewhat better access to financial support, because of their kin networks. However, the resources that the informants had on their disposal were limited by many reasons. First, the stigma of pregnancy outside marriage affected the support networks of the informants during pregnancy and second, the family networks of many of the informants were broken even before the pregnancy. This was especially the case of the mothers in the shelter homes, out of which many had lost their contact with family members. Moreover, in Meru the kin relations had been somewhat disrupted and the extended families were living with different areas or their relationship had been broken. Therefore, the informants often had contact only with limited amount of family members. This indicates a similar change in the family structures in Tanzania that has been previously reported by Ringsted (2004) and Frankenberg (2012).

Despite the somewhat disconnected family relations, family still formed the most important source of support for the young mothers in this study. The amount of support that the informants received from their families was significant for their resilience. The mothers who received both emotional-, informational-, and financial- support from family showed most positive adaptation to motherhood. In addition to family, other significant sources of social support were friends, who were considered rare but important sources of emotional support and advice. Emotional support, such as caring and encouragement were considered as the most significant source of support, because it made the informants feel more confident both in time of pregnancy and in motherhood. The informants who had friends and family to count on for emotional support expressed to have felt less stress during the pregnancy. The informants, on the other hand who did not have any forms of emotional support or advice available expressed having felt a lot of stress and loneliness during pregnancy. This supports the findings of Kaye (2008) and Van Bercum (2013) who argue that low levels of support contribute to high levels of stress and loss of self- esteem of pregnant girls.

Furthermore, the findings show that the discourses of gender, sexuality and motherhood are deeply embedded in Tanzanian society. The amount of support the informants were receiving was greatly influenced by these social discourses. Sexuality of unmarried girls was seen as immoral and inappropriate. The social discourses and people reproducing those discourses operated more as a constraining than protective factor for resilience of the single mothers in this study, especially during pregnancy. The findings regarding sexuality of unmarried girls support the findings of previous research done in Tanzania such as Haram (1999), Maluli and Bali (2014) and Ringsted (2004), who argue that social norms in Tanzania regarding girl's sexuality are strict and premarital sex of girls seen as immoral. The findings show that what made pregnancy punishable was not the girls age itself, but more the fact that she was not married at the time of pregnancy. Both the informants in Meru and in the shelter homes were defined by others as both "bad girls" and "bad daughters" who brought shame to their families and to themselves. Pregnancy was seen as a proof of acting against the acceptable societal norms. The informants were publicly examined and judged by majority of people within their families and communities. This greatly affected their pregnancy experiences, which majority of the informants described as a negative period in their lives.

Moreover, pregnancy was often punished, which resulted in the weakening of social support networks for the informants, and therefore also limited other resources that the informants had during pregnancy. Many expressed of having been abandoned by their family members and friends, because of the shame that the pregnancy brought. Pregnancy outside wedlock caused disintegration of family relations and sometimes led to permanent separation of the informant and her family. Some of the informants who had left their family homes during pregnancy were later able to renegotiate their return home by asking forgiveness of their behavior, others were not allowed to return to their family homes. This was especially the case of the shelter home informants who had to look for another sources of support. Majority of the informants described that they had to tolerate verbal mistreatment from their family members, friends, and neighbors during their pregnancy. These informants also experienced least happiness about the pregnancy in comparison to the informants whose family had accepted the pregnancy.

During pregnancy the informants who had managed to maintain some social support relations were often more capable in managing the "bad talk" in the community. The informants

who received encouragement about their situation during pregnancy were less worried about how they will manage as mothers and were better able to manage the bad talk. Moreover, the informants created different ways to manage with the negative comments that they heard in their communities, while some informants were trying to detach themselves from the bad comments and ignore them, others became motivated to prove the comments wrong. Since the informants were often told during pregnancy that they will not become good mothers, they became motivated to show that despite their financial challenges they can become good mothers to their children.

Moreover, the findings show that motherhood in Tanzanian society is highly respected and considered as an essential part of womanhood. Since mothers are highly valued in Tanzanian society, the young mothers described gain new forms of respect from their community. Therefore, they gained their position as “*mamas*” even though they had gone against the conventional ways of motherhood. Becoming a mother overpowered the fact that the informants were unmarried young mothers. The findings show that motherhood can be seen as a both source of disempowerment and empowerment for the young mothers. On the other hand, motherhood helped them to establish a new gained value and respect in their society, which worked as force for positive adaptation, while on the other hand motherhood at a young age caused a lot of financial challenges to the informants, which they struggled to overcome.

The informants described that they were accepted as any other mothers in their communities once they had given birth. Furthermore, the bad comments from the community had finished nearly for all the informants once they had become mothers and returned to “normal” state. The double morality of the sexuality and motherhood shows well in the findings. The informants describe that once they were mothers no one was able to criticize them again. Motherhood itself in a way brought protection from discrimination. The informants mentioned that they were no longer suffering the stigma of a “bad girl”. Instead the informants got positive comments from the people that previously spoke badly about them.

The single mothers in this study tried to adapt to “good motherhood” in order to legitimize their position in their communities. Majority of the informants tried their best to act according to the norms attributed to motherhood, because they were aware of the power, which motherhood brought in the community. However, they were aware that the motherhood discourses determined how a good mother should be and act, and therefore it was not enough to just be a mother, it was

also necessary to fit into the category of “good mothers”. Adapting into good motherhood category is a way of the mothers to gain respect and self-worth after their humiliating pregnancy experiences. This finding resembles the findings of Tanner (2013) among the young mothers in United States. Some of the young mothers in this study were reproducing the “good motherhood” norms as they were defining good motherhood through having a husband and therefore forming a socially acceptable family. Adapting to the norms of good motherhood required devotion to one’s child and the pursuit of marriage, which many of the informants saw as a natural goal in life. Some of the informants were however, adapting the role of caring mother, but simultaneously questioning motherhood as essential part of wifehood. These informants were challenging the discourses of good motherhood and creating their own version of “good motherhood” as single mothers with the aim of economic independence, which can be only gained through education and employment.

In studies, such as Evans (et al, 2008), shows single mother households are becoming a trend in African societies. Therefore, it is important to focus special attention on single mothers and their children. Because of the challenges that the “double bind” of gender and age causes young single mothers are seen as one of the most vulnerable group for marginalization and poverty in Tanzania. However, based on the findings of this study, I argue that young mothers should not be categorized as vulnerable victims of unwanted pregnancy and oppression, instead they should be considered as active members of their communities, who in the face of adversity turn their limited resources into resilience. The young mothers of this study use many strategic- and discursive practices to overcome not only the challenges they face, but also question the social norms which limit their opportunities. Many of the young mothers in this study had managed to utilize the limited resource networks in a way that were able to positively adjust to motherhood. Moreover, others had been able to challenge the gender discourses in their society and live as single mothers outside the socially accepted conventional type of motherhood, which is seen to be tied to wifehood. However, despite all this, what became evident was the difficulty of young mothers to reach education or employment opportunities in Meru, which could increase their competences to manage as single mothers. The mothers in this study raised this as a major constrain that affected their resilience and possibilities to become financially independent. There is a clear need for programs to expand the education and employment opportunities of single mothers in Meru and overall in whole Arusha region, especially now that their possibilities to

return to government schools are unlikely. There is a very limited amount of external support available for the young mothers in Meru and Arusha, who are not able to receive support from their kin. Therefore, it would be necessary to develop programs, which could increase the competences of single mothers to manage with motherhood in long term. Providing both educational and employment opportunities for single mothers would strengthen their resilience to positively adapt to pregnancy and motherhood, even in situations when family and community support is not available.

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